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BOROUGH OF POOLE.



Annual Report
FOR 1925

ON THE

Health and Sanitary
Circumstances of the
Borough

BY

R. J. MAULE HORNE,
M.A., M.B., Ch.B., B.Sc., D.P.H.,

Medical Officer of Health
and School Medical Officer.

BOROUGH AND COUNTY OF TOWN OF POOLE



ANNUAL REPORT

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Health and Sanitary Circumstances

OF

THE BOROUGH AND PORT OF POOLE

AND OF THE

School Medical Service of the Borough

BY

R. J. MAULE HORNE,

M.A. (HONS.), M.B., Ch.B., B.Sc., D.P.H.,

*Medical Officer of Health ; School Medical Officer ;
Port Medical Officer ; Medical Superintendent,
Borough Isolation Hospital.*

PART I	...	PUBLIC HEALTH.
PART II	...	PORT SANITATION. /
PART III	...	MATERNITY AND CHILD WELFARE.
PART IV	...	SCHOOL MEDICAL SERVICE,



Health Propaganda a Century Ago.

TO THE

INHABITANTS

OF THE

TOWN AND COUNTY OF POOLE.

It is to be feared from the reports contained in the Public Papers, that the Cholera Morbus, which has proved so fatal to Asia and various parts of Europe, has made its appearance in England. It becomes, therefore, the duty of every one to exert himself to prevent, if possible, the introduction of this direful Disease into his own Family, Town, or Neighbourhood.

By Order of Government, a BOARD OF HEALTH has been formed in this Town, consisting of the Magistrates, the Sheriff, the Parochial Minister, the Collector and Comptroller of the Customs, and the Gentlemen of the Medical Profession; who will at all times be ready to afford any information, or receive any communication that may tend to promote the Health of the Inhabitants.

The Board of Health have endeavoured to obtain the best information as to the most effectual means of Preventing the Introduction or Spread of this Disease, and they beg to call the attention of their fellow Townsmen to a few suggestions which they earnestly beseech them to adopt, believing that if they do so, they will prove efficacious (under the divine blessing) in preventing the introduction or spread of the Cholera Morbus in Poole.

First. The Board recommend constant attention to **EXTERNAL CLEANLINESS**. That the Streets, Lanes, and other Highways of the Town, be kept free from Dirt, Filth, or Stagnant Water; and they hope that every Householder will cheerfully co-operate with the Scavengers in endeavoring to accomplish this important object; and as there are but few public Pumps, that they will cause a few Buckets of Water to be daily thrown into the Gutter opposite their respective Dwellings, in order to prevent Noxious Exhalations arising therefrom, which are at all times very prejudicial to health.

Second. The Board recommend **INTERNAL CLEANLINESS**. That no accumulation of Dirt, or Decayed Vegetables or Fruit, be allowed to remain in or about their Habitations, but that every care be taken to keep their Houses Clean and well Ventilated. A free circulation of Air is of much importance; the Windows should therefore be opened as often as Weather will permit.

Third. **PERSONAL CLEANLINESS**. It is very important that Parents should pay particular attention to their Children being kept clean, and sufficiently clothed to protect them from the Effects of Cold and Damp Weather, and those who from extreme Poverty are unable to do so, should make known their situation to their Wealthier Neighbours, whose liberality they may be assured will be manifested as on all former occasions.

Fourth. The Board earnestly recommend a strict regard to Habits of Temperance and Sobriety, as intemperance tends to predispose the human frame to disease, more than intemperance. *All immoderate use of Spirituous Liquors should especially be avoided.*

Fifth. The Board desire to impress on the Inhabitants, the great importance of the earliest possible application to Medical Aid, should any person be attacked by any disease that may resemble the Cholera Morbus. This is a matter of much moment, and cannot be too powerfully urged on the attention of all classes, as the progress of this disease is generally so rapid, that it is only by an early application of Medical Skill that beneficial results can at all be relied on. *That the Poor may be encouraged so to do, the Medical Gentlemen have kindly promised their services to them gratuitously.*

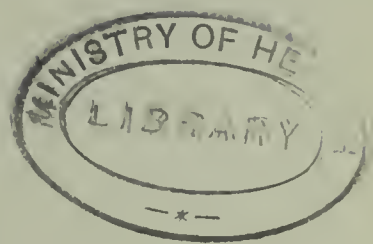
Lastly. While the Board have felt it their duty to place these Remarks before the Inhabitants by way of Caution and Guidance, they feel pleasure in encouraging them to hope and believe that such is the Climate of England, that if general attention be paid to Cleanliness, Ventilation, and Sobriety, together with timely application for Medical advice and assistance, the continuance of this Disease in England will not be long, but that our Country will speedily, by the blessing of God, be freed from its direful consequences. All unnecessary Fear and Anxiety should therefore, be avoided, under the full assurance that if we invoke the Protection of an invisible but Almighty Guardian, and diligently use the appointed means of safety, he will crown our endeavours with his blessing.

ON BEHALF OF THE BOARD,

G. W. LEDGARD, Mayor,
CHAIRMAN.

11th November, 1831.

MOORE AND EYDENHAM, PRINTERS, POOLE.



Part I.

Public Health.

LIST OF PUBLIC HEALTH COMMITTEE, 1925.

THE WORSHIPFUL THE MAYOR :
ALDERMAN H. S. CARTER, J.P.

Chairman :
COUNCILLOR J. C. W. JULYAN, J.P.

Vice-Chairman :
COUNCILLOR A. SHUTLER.

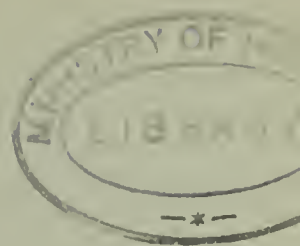
Aldermen :
L. D. BALLARD, J.P. J. MOWLAM.

Councillors :

A. J. AITKEN	R. BENNETT
A. E. H. BERRY	MISS A. E. BRIGGS
R. C. CARTER	A. E. F. CORNWELL
E. S. DIXSON	E. J. GAINSBURY
C. GREY-EDWARDS	F. HUMPHRIS
R. H. MILLEDGE	S. T. PRESTON

J. G. RIGLER.

Public Health Department.



STAFF.

Medical Officer of Health	...	R. J. MAULE HORNE, M.A. (HONS.) M.B., CH.B., B.Sc., D.P.H.
Sanitary Inspectors	...	P. W. WHEELER, CERT. R.S.I., M.S.I.A. C. A. TRIM, CERT. R.S.I. J. POWER, CERT. R.S.I. (Appointed September, 1925)
Health Visitors	...	MRS. H. I. PARTRIDGE, C.M.B., CERT.. R.S.I. MISS L. HOOPER, C.M.B., A.R.S.I. MISS B. A. SYDENHAM, Cert. Nurse. MISS L. B. LEVER, C.M.B. (Resigned September, 1925) MISS C. C. MOUNT-BATTEN, C.M.B. (Appointed September, 1925)
Chief Clerk	...	F. B. EDWARDS
Clerks	...	MISS E. H. M. NIPPARD MISS I. E. TAPPER A. L. ALLEN (Resigned July, 1925) D. W. ROGERS (Appointed August, 1925)
Laboratory Assistant	...	S. F. MARSHALL, Matric: Lond : Univ.
Matron, Borough Isolation Hospital	...	MRS. E. NIPPARD, R.R.C.
Disinfectors	...	H. G. NIPPARD

PART-TIME SPECIALISTS.

Ophthalmic Surgeon	...	ALEX STABLES, M.B., C.M.
Nose and Throat Surgeon	...	S. K. HUTTON, M.B. B.S.
X-Ray Specialist	...	D. D. MALPAS, M.B.
Anaesthetist	...	J. A. C. NORMAN, M.R.C.S., L.R.C.P.
Dental Surgeons	...	H. S. CRAPPER, L.D.S., (ENG.), M.R.C.S., L.R.C.P. (LOND.) L. B. MYERS, L.D.S., M.B.E. R. G. S. HOLMES, L.D.S.
Public Analysts	...	C. G. MOOR, M.A., F.I.C. W. PARTRIDGE, F.I.C.
Veterinary Surgeon	...	J. S. WOOD, M.R.C.V.S.

PREFACE.

To the Mayor, Aldermen and Councillors of the Borough of Poole.

I have the honour to submit my fifth Annual Report on the Health of the Borough.

It is the desire of the Ministry of Health that the Report for 1925 should be of a fuller nature than those of the previous four years, showing up in clearer perspective the activities and progress of the Town by a quinquennial survey.

These five years have been years of hard work, partly pioneering, partly consolidating, and partly advancing, and this applies not only to the Health Services, but to every branch of Municipal responsibility which you as Council of a rapidly growing Borough have been called upon to face and to accept.

Consideration of the following pages may show both our weaknesses and our strength in respect of the Public Health ; but this is the purpose of a Report. And it is on the weaknesses that we must redouble our efforts.

I wish again to thank the Chairmen and Members of the Committees, the Heads of other Departments, and my entire Staff, Office, Out-Door and Hospital, for their co-operation and support.

I am,

Your obedient Servant,

R. J. MAULE HORNE.

Poole, June, 1926.

General Statistics.

Area of Borough. 7,964 acres ($12\frac{1}{2}$ square miles), not including 2,220 acres ($3\frac{1}{2}$ square miles) of tidal waters and foreshore.

Population : (a) As at Census of 1/4/1921 43,649
(b) Estimated by Registrar-General as at 1/6/1925 46,150

Number of Inhabited Houses : (Census, 1921) 9,044

Number of Houses completed since Census : 1,752

Number of Families or Separate Occupiers (1921) : 10,350

Rateable Value : £263,938

Sum represented by a Penny Rate : £1,100

Population

In the ten years prior to the Census of 1921, the population of the Borough increased by 4,764 inhabitants. In the period since this last Census, the Registrar-General estimates the increase to 1st. June, 1925, to be 2,501. This, it is considered, is a very restrained estimate. It is usual in estimating the population of a coast town to allow considerably for a temporary influx in summer of short-holiday visitors or of a "tripper" element. Poole, however, is not a tripper centre. It is much more an all-the-year-round health resort, and every year its popularity in this respect increases. It would not be an exaggeration to say that there has been as much increase in the permanently resident population in the last four years as there was in the previous ten, and that by the end of 1926 the residents will number 50,000.

A study of the area and number of persons per acre in the different Wards of the town emphasises by contrast the still semi-rural or undeveloped nature of certain districts.

	Ward	Acreage	Population at 1921	Density of Population per Acre
No. 1.	(Hamworthy and Poole Quay)	1,106	3,249	2.9
„ 2.	(Old Town, West)	68	3,546	52.1
„ 3.	(Old Town, East)	123	3,413	27.7
„ 4.	(Longfleet)	343	4,677	13.6
„ 5.	(Stanley Green, Oakdale, Newtown)	2,053	5,223	2.5
„ 6.	(Parkstone, Lower)	1,403	4,651	3.3
„ 7.	(Parkstone, Higher)	529	6,967	13.2
„ 8.	(Branksome, North)	698	6,749	9.7
„ 9.	(Branksome, East)	1,641	5,174	3.2

For the whole County, the average number of persons per acre in Town populations is 6.0, and in rural districts 0.2.

Physical Features.

The Borough of Poole occupies the extreme South-East corner of the County of Dorset, and is the largest Town in the County. The extreme width from East to West is about 7 miles, and from North to South about 4 miles.

The plateau of Parkstone and Branksome behind the older parishes of Poole, Longfleet and Hamworthy, rises sharply at Constitution Hill and Newtown in the West, and continues East to Canford Cliffs, Branksome Park, and the Eastern boundary of the Borough, which is also the County Boundary between Dorset and Hampshire.

As to geological formation, the parish of St. James is situated in alluvium; that of Hamworthy on valley gravel, Bagshot beds and plateau gravel. Sandbanks is of blown sand. In Parkstone and Branksome, the geological stratum is mainly the Bagshot beds of sand, brick-earth, pipe-clay, and lignite, with many pockets of plateau gravel. The Reading beds, lying below the above-mentioned strata, separate them from the chalk, which, although it comes to the surface a few miles North of the town, does not outcrop within the Borough.

The extensive enclosed waters of the Harbour, sheltered themselves by the Purbeck Hills, exert a controlling influence on the temperature, rendering the surrounding areas cool in summer and tempering the cold in winter. Hence the Town escapes many of the damp sea mists to which the coast line is subject.

The dependability of its general climatic conditions is now being more fully recognised, and the Town is rapidly increasing in popularity as an all-the-year-round Health Resort, especially by people who have spent many years in tropical or sub-tropical countries.

An abundance of pine woods serves to maintain and to enhance the value of an equable climate, and to give the district a high claim as a recuperative centre for those liable to Bronchitis and Asthma.

The quite exceptional rate of development which has been a marked feature of the last five years also unfortunately brings with it the threat of diminution of the pine-clad areas. It should therefore be the desire and the practice of every owner of ground in the Borough—and the Corporation itself is a land-owner—to see that no tree be sacrificed where this can reasonably be avoided, knowing that the Town will be for ever the poorer. The Hills and the Harbour may be said to defy time; but if Poole will maintain its pride, it must preserve its pines.

The average rainfall for the Town is 31 inches. In 1921, an exceptionally dry year, the total year's rain of 18.2 inches fell on 119 days. In 1925, an exceptionally wet year, rain fell on 170 days, and amounted to 44.9 inches.

The average annual sunshine is 1,715 hours, and the mean summer and winter temperatures differ only by 11.8 degrees.

Rateable Value.

In 1914, before war conditions had exerted their abnormal influence, the product of a penny on the rateable value was £828. For the last five years the figures are :—

1921 :	£906
1922 :	£918
1923 :	£920
1924 :	£950
1925 :	£1,100

Local Conditions, Occupations and Industries.

Of the total population in 1921—the most recent date for which authoritative information is available—9,283 were children under twelve years of age. Of those over that age, 18,322 were employed in a profession or trade, and 16,144 were either “unoccupied” or retired. Apart from married women engaged in household duties, considerable proportions of this last number are to be found in the purely residential districts of Parkstone, Canford Cliffs, Branksome Park and Sandbanks. There is no definitely industrial “Zone” in the Town, except inasmuch as trade seeks sea-borne or rail-borne facilities. The Pottery, Brick and Tile industries locate themselves where the appropriate natural material offers itself. A portion of the Borough still retains a semi-rural character, but building developments are rapidly changing the aspect.

Industrial employment is found chiefly in the Pottery, Brick, Earthenware and Tile manufactures, the engineering trades, building and associated trades, timber yards, fishing and dock labouring, Gas Works, etc. At the Branksome end of the Borough a considerable element of the residents find employment in the neighbouring County Borough of Bournemouth.

Unskilled labour—quayside and general—forms a larger percentage than is desirable. A low wage-earning capacity militates against an improved social standard—with consequent hardships in health and in disease.

Unemployment and Relief.

During the past five years there has been marked fluctuation in

the amount of general unemployment, as distinct from the seasonal unemployment, which can be associated to a certain extent with all coast resorts.

The following figures demonstrate this :—

Year	Minimum Month	No. of Unemployed	Maximum Month.	No. of Unemployed	Unemployed Average Monthly.
1921	January	853	July	1771	1179
1922	September	459	January	1637	938
1923	October	442	January	970	626
1924	June	188	November	523	366
1925	July	215	January	570	361

The last column above—if we bear in mind that the figures for 1921 reflect a period of great industrial unrest—appear to indicate a general improvement in the condition of the local labour market.

In comparison with this, the Board of Guardians were at the end of each of these years affording relief in some form to 1386, 1443, 1106, 1128 and 1182 respectively. It is interesting to note that at the end of 1913, i.e., the last pre-war year, this figure amounted to 1452, in a population about 10,000 less than today.

Public Parks and Open Spaces.

Apart from the extensive and picturesque sands and sea-front, the Borough is well supplied with open spaces, which act as “lungs” for the use of the general public. These are :—

Poole Park	...	42 acres.
Ladies' Walking Field		9 „
Wimborne Road	...	13 „
Longfleet	...	1 „
Constitution Hill	...	7 „
Parkstone Park	...	3 „
Jubilee Road	...	$\frac{3}{4}$ „
Alexandra Park	...	7 „
Compton Acres	...	2 „
Lilliput	...	3 $\frac{1}{2}$ „
Canford Cliffs	...	12 „
Branksome Park and Chine		31 $\frac{1}{2}$ „
Sandbanks	...	12 „

It has also been found possible to arrange for the provision in 1926 of two Recreation Grounds, of 18 acres and 16 $\frac{1}{2}$ acres respectively, at Hamworthy.

Through the munificence of Alderman H. S. Carter, the present Mayor, a field primarily intended for juvenile organised games, and in sympathy with the National Playing Fields' Movement, has been presented to the Borough.

In the Public Parks there are three bowling greens, 13 grass and four hard tennis courts, in addition to facilities for football, cricket, hockey, sports meetings and boating.

Rivers and Streams.

A small river, the Bourne, rises in the northern part of the Borough, and flows out to the sea through the ornamental gardens of Bournemouth. This small stream is not polluted by sewerage, but as in a part of its course it is not far removed from dwelling-houses, its banks and bed are periodically overhauled by the Borough Surveyor's staff.

Another little river runs down through the Branksome Chine, arising from a spring in the centre of the Branksome Park. This also is not polluted. There existed up till this year some stagnant by-pools throughout its upper course which were breeding grounds for mosquitoes. These have now been drained away, and the whole course of the stream thoroughly regulated.

It is historically interesting to reflect that in the seventeenth century the whole course of the River Bourne lay inside the County limits of Dorset. In maps of 1610—1625 the line dividing Hampshire and Dorset ran from the sea northwards approximately through Horseshoe Common, joining the present boundary about Wallisdown.

Vital Statistics.

		Male	Female	Total	
<i>Births</i>	{ (a) Legitimate.	410	391	801	} Birth Rate 18.1 per 1,000 of population.
	(b) Illegitimate.	23	13	36	
<i>Deaths :</i>					
<i>Total Deaths.</i>		542.	General Death Rate: 11.7 per 1,000 of population.		
			Corrected Death Rate: 8.87 per 1,000 of population.		
<i>Maternal Deaths.</i>		Number of women dying in or in consequence of childbirth :-			
		(a) from Sepsis :		3	
		(b) from other causes :		3	

Infantile Deaths, or deaths under one year per 1,000 births.

(a) Legitimate: 55. Rate: 68.7	} Combined rate 71.7
(b) Illegitimate: 5. Rate: 138.8	

Deaths from Measles (all ages) : 3

Deaths from Whooping Cough (all ages) : 13

Deaths from Diarrhoea (under 2) 8

The following statistics are based on the Registrar-General's estimate of the population at mid-year, 1925—of 46,150 inhabitants.

The *Birth-Rate* was 18.1 per 1000 of the population. For the country as a whole the rate was 18.3. Poole's figure more or less reflects the average figure for the smaller towns of England, which is also 18.3. The greater Towns and County Boroughs have a higher average of 18.8.

There is indication, however, of a check in the downward fall of the birth-rate of Poole as compared with England as a whole, in the following figures:-

	<i>England and Wales</i>	<i>Poole</i>	<i>Deficit</i>
1921	22.4	21.8	0.6
1922	20.6	19.5	1.1
1923	19.7	19.3	0.4
1924	18.8	18.0	0.8
1925	18.3	18.1	0.2

The *Infantile Death Rate* shows again an increase on the previous year. This is discussed in detail in the section of the Report dealing with Maternity and Child Welfare, but the increase may be briefly attributed to Whooping Cough, Bronchitis and Diarrhoea. The result is that the rate of deaths per 1,000 births has risen from 66.3 to 71.7. For the whole country it was 75.

The *Marriage Rate*. The year 1925 has shown a distinct fillip in this respect.

The marriage rate per 1,000 of the population for the last five years has been 16.7, 16.3, 17.6, 17.3, and 22.4. The year 1921 saw 365 marriages; 1925 had 518, an increase of 40%.

The *Death Rate*. The general death rate for the year was 11.7, as compared with 11.6 for the year 1924. For the whole country the figure remains at 12.2.

Speaking generally, to an essentially residential district like Poole, the influx of population tends to be elderly: to a busy manufacturing centre a younger adult life is attracted. This factor helps to keep the death rate high in the former case.

In an industrial town, the proportion of population which reaches the age of 65 is about 33 per cent of the whole. In Poole, of all deaths during each of the past five years, over 40 per cent have exceeded that age, the figure for 1925 being no less than 46.7 per cent.

Notwithstanding this high proportion of elderly population, therefore, the low rate of 11.7 shows that Poole is specially healthy for the young, and also gives a relatively greater expectation of prolonged life.

In estimating what is described as the Corrected Death Rate for Poole, the Registrar-General makes an allowance for any abnormal "age distribution" of the population, and also for the "sex distribution," which shows the death rate in a still more favourable light when these two modifying factors are taken into account. The resulting death rate is actually shown to be 8.87 per 1,000 of the inhabitants. This method of gauging the relative healthiness of a district is more accurate than by reference to the General Death Rate.

The Cancer Death Rate. The total deaths from malignant disease in 1925 were 74, which gives a death rate of 1.6 per 1,000 inhabitants. This is an increase on 1924, and maintains a general, though fluctuating, tendency to rise. It is to be hoped that the spread of educational propaganda in preventive Public Health endeavours will in time exert some controlling influence on the wastage of life in middle age. This influence should be found in the later average age at which deaths are caused by malignant disease.

Taking the deaths from this cause for recent years, there is nothing to indicate from the following figures that death is yet being so postponed.

Year.	Age Period.			
	10—25	25—45	45—65	Over 65
1919	2	4	25	42
1920	1	6	25	22
1921	—	6	21	26
1922	1	3	33	24
1923	3	2	24	42
1924	2	2	26	21
1925	1	5	33	35

If we examine in further detail the middle-age period, namely that from 45—65, we still do not get any indication of postponement of the inevitable.

Year	Deaths by five-yearly age period.			
	45—50	50—55	55—60	60—65
1919	2)	7)	11	5
1920	6)	4)	5	10
1921	4)	3)	6	8
1922	5	5	11	12
1923	10)	—)	8	6
1924	5)	8)	5	8
1925	5)	8)	7	13
Totals	37	35	53	62

In both the two younger age groups above there are more deaths in the three years 1923-5 than in the three years 1919-21.

Deaths from Pulmonary Tuberculosis. These amounted to 33, a continued reduction, and 7 less than in 1924. This gives a death rate of 0.71 per 1,000 of the population, the lowest rate ever recorded for the Borough. For the past five years the number of inhabitants dying from this cause each year has been 42, 51, 45, 40 and 33 respectively.

Deaths from Heart and Respiratory Causes, apart from Tuberculosis, take a heavy toll of life each year. In any investigation we may make, we are at once struck with the fact that about one-quarter of all deaths are from year to year ascribed to these two causes. The three other chief causes of invalidity and death in middle age—Cancer, Tuberculosis and Venereal Disease—are being countered by all practical means. Heart and chest complaints, and to a certain extent two other closely associated illnesses, kidney disease and rheumatism, both of which react on the heart and on the lungs, have up to the present been more or less allowed to take their chance. In that "touch of cold," which easily creeps into Bronchitis, lies the foundation of the heart strains which make the middle-aged man a chronic invalid. Once a bronchitic, always a bronchitic.

When a "cold" develops, the claim that he "cannot be done without" prevents many from taking the first remedial step which common-sense prescribes, but which an erroneous sense of perspective postpones. There is no one who cannot be done without; and if he does not weather the crisis of his pneumonia, he has *got* to be done without. In this matter one must be cruel to be kind, and seriously ask whether a proportion of the losses from these affections could not truthfully be described as "deaths from carelessness," or "deaths from laziness." How often is the story repeated, "he caught a chill," and when we enquire further, "O, yes, he had an overcoat, but he did not put it on" or "He couldn't be bothered with an overcoat." Volumes of tragedies could be compiled recounting similar stories, each one pointing the moral of how simply the tragedy might have been avoided. Sound health is safeguarded by the simplest of precautions. The ordinary rules of daily life are not difficult or complicated, but they will not brook contempt.

Water Supplies.

The main water supply for the district is provided by the Corporation Waterworks at Corfe Mullen, about 6 miles N.W. of the Town. A section of the population, numbering about 6,000, at the

East end of the Borough is supplied from the reservoirs of the Bournemouth Gas and Water Company.

Prior to the year 1910, the Town obtained its supplies from reservoirs in the Waterloo, Lilliput, Alderney and Springfield districts of the Borough. In 1906 the Corporation decided to purchase these works, which were the property of the Poole Waterworks Company. Power was acquired to execute further works, and the Corfe Mullen scheme of supply was inaugurated.

In 1908 the well at Corfe Mullen and the service reservoir at Forest Hill were completed, and the reservoirs at Lytchett and Constitution Hill nearing completion, and by May, 1910, the old supply was entirely replaced by the purer water from the Corfe Hills. After two years' use, the following report from the analysts showed the water to be maintaining a high standard :

“ PUBLIC HEALTH LABORATORIES.

LONDON HOSPITAL, MEDICAL COLLEGE.

Report on the Analysis of the water from the Corfe
Mullen Pumping Station of the Poole Corporation
Waterworks—Taken July 2nd, 1912.

This is a chalk water of exceedingly good quality. It is not so hard as the average chalk water and it does not contain an excess of saline matter.

It is of great organic purity, and the analysis indicates freedom from any pollution.

It is an excellent water for the purposes of a public supply.

(signed) JOHN C. THRESH
JOHN F. BEALE.”

The well is about 170 feet deep, and is naturally protected from immediate surface contamination by a bed of impervious stratum which covers the chalk in the vicinity of the well. The chalk, however, outcrops a few hundred yards away. Generally the well water is clear, sparkling and palatable, but from the proximity of the outcrop there is a tendency to occasional contamination after heavy rainfalls. In 1915, on the suggestion of the Medical Officer, absolute freedom from objectionable micro-organisms was assured by a calculated addition of hypochlorite. In 1919 a mechanical chlorinating plant was installed, and a scheme of improvement and extension undertaken at a cost of £82,000. This scheme includes additions to the pumping plant at Corfe Mullen, the construction of a covered reservoir of 5,000,000 gallons capacity at Corfe Hills, and a duplicate 16-inch trunk main for the purpose of maintaining an adequate supply of water to meet the needs of the rapidly growing population of the Borough, of Broadstone, and of other adjacent outlying districts within the limits of supply.

A triple expansion engine has been installed, capable of delivering 60,000 gallons of water per hour. The water is pumped from two bore-holes sunk into the existing headings in the chalk formation, and delivered by means of two single-acting bucket pumps driven from an extension of the engine crankshaft through the medium of a quadrant into a tank below the engine-house floor. The force-pumps feed from this tank, and deliver the water through a 16 inch main into the reservoirs at Forest Hill and Corfe Hills. From these two reservoirs, the water gravitates to all parts of the Poole area of supply.

The old suction gas plant, consisting of two units each capable of pumping 36,000 gallons per hour, are being retained in case of emergency.

The actual consumption of water from this source during 1925 was 428,066,000 gallons—an increase of 29,500,000 gallons on the previous year, and of over 100,000,000 gallons compared with 1921.

The water is examined periodically in the Borough Public Health Laboratories, and maintains an excellent and consistent standard of bacterial purity. The only defect is that, like all other chalk waters, it is rather hard. The sixteen grains of "temporary hardness" which is found in each gallon means that, when a household uses 1,000 gallons of water, sixteen pounds of soap—at a current cost of about 8/-—are used up in the involuntary process of softening the water in order to make the further soap used have its ordinary cleansing power. This is a serious question for the householder, and must give food for thought.

While some everyday conceptions as to the benefits and dangers of hard or soft water may be scientifically refuted, it still remains undesirable to provide either an extremely hard or a very soft water. From these considerations, it is hoped that the question of softening the supply may be reviewed. The water provided through the Bournemouth Water Company's mains to a portion of the Branksome district has been submitted to a softening process.

Drainage and Sewerage.

The actual provision of sewers is in the hands of the General Purposes Committee, not of the Health Committee, who are charged with the collection, removal and disposal of night soil.

The following extract from the Report of the Medical Officer of Poole for the year 1884 makes an interesting introduction to a resumé of the last five years' work in this branch of the Health Department's activities :-

"I am informed that at the present time, the inhabitants of

"Parkstone are anxious to have a deep or public drainage, and that active steps are shortly to be taken to secure, if possible, the fulfilment of their desire. I am not at all sure whether such a scheme would either be advisable or even practicable in a town like Poole, but there is no doubt that the present system of sewerage disposal is most insanitary and offensive, and must be altered very shortly if Poole is to retain its prestige for its death-rate, the longevity of its inhabitants, and its general healthiness."

The hesitancy expressed by the then Medical Officer was no doubt based on the physical geography of the town, its site on an enclosed Harbour, and its numerous switchback gradients. With the development of oyster fishing in the harbour, another practical obstacle arose. These difficulties hold today as they did in 1884, when the population was 12,796, and make the general sewer drainage of the rapidly growing borough a matter of considerable engineering ingenuity.

In April, 1893, a Local Government Board enquiry was held on the subject of sewage disposal, the Town proposing to undertake a £46,000 scheme. This project, for Parkstone and Branksome primarily, included the Hamworthy area, which was ultimately omitted from the undertaking, while the actual area dealt with raised the scheme to one involving about £80,000.

A later section of the scheme embraced St. James district and part of Longfleet.

By 1904 the pumping station at the Gas Quay, which lifted the sewage to the gravitating main at Seldown, and the use of sea water for sewage lifting purposes and for flushing numerous "dead ends" of sewer, were in full operation. The district outlets were placed at (1) Poole Head, at a distance of 1800ft from High Water Mark, 33 inches diameter, and (2) at Branksome Chine, 1,050 feet out from High Water Mark, 15in diameter.

In 1906, the Local Government Board sanctioned the connection of the sewers of the recently absorbed Branksome Urban District to the Poole system. 825 cesspools were in that year emptied, in addition to the earth-closets and vaults. One-half of these were not required to be emptied oftener than three times in the year. From that year, with the gradual extension of sewers, the number of cesspools fell until in 1915, 203 cesspools and 200 pail closets remained.

In 1920, 302 were emptied a total of 1756 times, also 182 pail-closets.

" 1921, 312	"	"	1783	"	"	182	"
" 1922, 379	"	"	1921	"	"	182	"
" 1923, 411	"	"	2146	"	"	182	"
" 1924, 434	"	"	2035	"	"	92	"
" 1925, 419	"	"	2006	"	"	53	"

The salient point in this connection is that building developments, to a considerable extent on the periphery of the Town and outside the sewered areas, are resulting in an annual increase in the number of cesspooled houses on sites and gradients which makes it yearly a more formidable task to cope with any single scheme of sewerage. It is an important question of principal outlay versus recurring outlay.

During the last five years, sewerage operations at Sandbanks, Hamworthy, Upper Parkstone, and Seldown have actually reduced the old number by 200, but, in spite of that, new calls upon the Department have come in at the rate of 70 per year. 47 are already known to be coming on the books with the new year.

The Council has at present under consideration a scheme for linking up the very rapidly growing area of Stanley Green and Oakdale, which will deal with 150 cesspools already being emptied, apart from the many cases in which the need for emptying has not yet been felt.

The Council have also in view the possibility of extending the Hamworthy sewer. Here, in spite of the linking up in 1922, the number of cesspools has mounted up to where it was before that date.

A scheme is also required to cover the slopes of the landward valley of the Parkstone and Branksome plateau, and extending to the "hinterland" of the Borough on the Wallisdown Road, where an extensive outline of development is now taking shape.

As to the material in use in coping with the work, a special report was made during the year, which resulted in the Council approving the provision of a 2½-ton Leyland 500-gallon tank vehicle. This vehicle, along with the two 1-ton 200-gallon tank Ford vans (which were introduced in April, 1922, to substitute horsed vehicles) and two motor-driven diaphragm pumps, form the equipment of the cesspool service.

The comparative working cost per load for the past five years, including the provision of new vehicles and conversion of pumps in 1922, and the cost of the Leyland tanker (£615) in 1925, has been :—

Year	Loads	Cost		
		£	s.	d.
1921	3227	1411	8	7½
1922	3540	1763	9	11½
1923	4075	1059	5	2½
1924	3721	964	5	2½
1925	4009	1519	7	7

The actual work for the year 1925 is tabulated below.

Place	No. of Cesspools	Number of Times Emptied	Number of Loads
Alder Road ...	9	19	45
Beaconsfield Road ...	4	30	48½
Bridgewater Road ...	3	26	40
Cecil Road ...	5	58	90½
Cornelia Crescent ...	10	24	36½
Curtis Road ...	7	13	16
Cynthia Road ...	6	27	41½
Fancy Road ...	4	12	26½
Guest Avenue ...	12	24	47½
Gordon Road ...	2	14	28
Hamworthy ...	75	267	679
Kinson Crescent ...	9	69	97½
Lime Kiln Road ...	7	70	132½
New Road ...	7	62	131
Old Wareham Road	26	173	351½
Ringwood Road ...	42	273	658½
Rossmore ...	7	20	28
St. Clements Road...	4	15	29
Sandbanks ...	7	8	11½
Seldown ...	17	219	302½
Stanley Green ...	61	277	490
Upper Churchill Rd.	5	11	22
Victoria Crescent ..	8	23	48½
Wallisdown ...	22	74	201½
Whitecliff Estate ...	10	46	72½
Winston Avenue ...	21	58	154½
Various ...	29	94	178½
Total ...	419	2006	4008½

Cleansing and Scavenging.

The main services are carried out by the Borough Surveyor's Department, acting under the direction of the Public Health Committee.

In 1924 motor transport was introduced in this work, to reinforce the horsed vans and to deal with the areas more distant from the two Refuse Tips—at Baiter and Whitecliff. An undesirable inland tip at Branksome was discontinued in that year, with the result that filling up at these areas in process of reclamation was speeded up. The only palliative argument on behalf of the process of tipping is that, when used for reclaiming land, it is an economical method of providing a valuable asset to the Town. Otherwise it is an indefensible nuisance in an urban district.

The only thing to do in the meantime is to get on with the speeding up by adopting the most expeditious means of transport of

domestic refuse, combining if necessary horsed collection with mechanical removal. The sooner the reclamation scheme is complete, the sooner will a more sanitary method of disposal become an urgent consideration.

The vehicles now in use and projected are :—

Purpose	Corporation Vehicles				Hired Vehicles	
	In use		Projected		Horsed	Motor
	Horsed	Motor	Horsed	Motor		
House Refuse	10	4	—	1	4	} On emergency only
Scavenging	5	—	1	—	3	
Road watering and flushing	6	—	1	—	—	

The motor vehicles are 1-ton Ford end-tipping vans. Four of the hired vehicles are part-week only.

Linewashing is of valuable assistance in maintaining the cleanliness of courts, enclosed backyards and alleys. It is not only of value in itself, but has a stimulating effect on the surrounding householders, who respond extremely well. The result is that the general condition of these places is distinctly complimentary to the people and to the Town. This work is carried out by the Public Health Department twice yearly.

Opportunity is also taken during the School vacations to disinfect all the Elementary Schools of the Borough.

Housing and Population.

As various causes have combined to delay the issue of this Annual Report for the year 1925, the opportunity has been taken to present the position as regards housing and overcrowding in the form of a Special Report prepared since the end of the year, which summarises the "status quo" of Housing up to the latest possible date.

Overcrowding in the Borough.

The following Report has been prepared in accordance with the request expressed in Council Minutes 1926, p.216, No. 3.

In order to obtain independent results for comparison, this investigation has been carried out through three different channels,

and from three points of view, viz:-

- (1) The District Sanitary Inspectors.
- (2) The District Health Visitors.
- (3) Consideration of Census returns and building activities since the date of the Census.

With regard to (1) and (2), the districts allotted to the 3 Sanitary Inspectors differ from those allotted to the 4 Health Visitors, and the reports of these have been obtained independently.

These were asked to report from their existing knowledge, obtained in the course of their duties, to the nearest higher round number, the number of cases of overcrowding obtaining about the 1st June curt.

The totals obtained are as follows :-

<i>Sanitary Inspectors</i>		<i>Health Visitors</i>	
No. 1 (Poole) District	50	No. 1 (S.W.)	30
No. 2 (Parkstone) District	60x	No. 2 (S.E.)	40
No. 3 (Branksome) „	50	No. 3 (N.W.)	30
		No. 4 (N.E.)	40
	<hr/>		<hr/>
	160		140
	<hr/>		<hr/>

x includes Council Houses and "Hill Top Bungalows"

With regard to (3), this portion of the Report has been prepared by myself from information available from

the Census returns of 1/4/1921 ;
the Registrar-General's revision of the population ;
the Borough Surveyor's Department, concerning the
actual construction of dwelling houses in the Borough
between the dates 1/4/1921 and 1/6/1926

(a) <i>Population.</i>	Population at 1/4/1921 (Registrar-General)	43,649
	„ „ 1/6/1925 „ „	46,150
	„ estimated as at 1/6/1926	48,000

(b) <i>Housing</i>	Dwelling houses available as	
<i>Requirements</i>	by Census at 1/4/1921 :	9,400
	From these 9400 houses, 1,117	
	should be deducted for the	
	following reasons :-	

In 1921

286 families were living in 1-room
houses ;

957 families were living in 2-room
houses ;

931 families were living in 3-room
houses ;

From purely hygienic reasons,
no family, however small, should

live, sleep and eat, in the same room. Therefore 286 single-room houses should be "cut out" ... 286 houses.

Further, with the average population per house being 4.5 persons, one living and one sleeping-room is inadequate.

A proportion of such 2-room houses (527) are occupied by elderly people or young married couples, and must be allowed for.

957 minus 527 ... 430 houses.

Thirdly, the number of 3-room families has doubled in 10 years (to 931) and this should be corrected. Deducting from 931 the number of 3-room houses occupied by three people or less, which is permissible accommodation, viz: 530, we get 931 minus 530... 401 houses.

1,117 houses.

∴ Total reasonable habitable houses at 1/4/1921, eliminating undesirable overcrowding ... 8,283
Total houses required for population of 48,000 inhabitants ... 10,667
Housing shortage at 1/6/1926 (assuming no building since Census) ... 2,384

(c) *Total Housing Provision* To meet the shortage of 2,384 houses, Since Census 1921, dwelling houses have been provided as under:-

<i>Completed Houses.</i>	1921	...	...	170
	1922	...	...	145
	1923	...	...	227
	1924	...	...	519
	1925	...	...	621
	1926 (to 1st June)	...	...	209

1,961

Houses actually under construction

at 1st June, 1926 ... 199 2,160

Leaving a shortage at 1/6/1926 of ... 224 houses.

(d) *Proportion of dwellings provided or arranged for by
Municipal application of Housing Acts.*

Under Housing, Town Planning, etc. Act, 1919	...	133
Housing Act, 1923	... ..	52
Housing Act, 1924	... ..	176
Lagland Street Clearance Area	... ..	14
Assisted by subsidies	... ..	994

(N.B. The 215 houses built under the Housing (Additional Powers) Act, 1919, are not included above, it being assumed that they were almost, if not all, completed by the date of the Census in 1921).

So that 1,369 out of the total 2,160 houses provided or arranged for—or two-thirds of the total—can be described as houses “suitable for occupation by the working classes.” If we apply the same proportion to the shortage of 224 houses shown above, approximately 150 further dwelling houses arranged for by the same principles of application of the Housing Acts should bring the Town to a normal condition of housing.

Remarks. It should be clearly stated that the population dealt with in this section of the Report includes both the Natural Increase of the population and the influx of new residents up to date (in addition to overcrowding of old standing).

Every year this process is going on, so that the question of housing will—provided Poole maintains its popularity—always be present. This, however, will represent the normal growth of the Town, and it is mainly the normal growth of a Town which keeps its building trade, both contractual and speculative, alive.

For this Borough, basing an estimate on available information regarding births, marriages and deaths, and the inflow and outflow of population, about 230 new dwelling houses are required each year.

Conclusion. From the information compiled above, I recommend that in your further consideration of means for combating the shortage of accommodation, the number of 150 houses be adopted as that required to eliminate overcrowding (in so far as the tendency to overcrowd is not voluntary, habitual or recurrent in a small section of the community).

If it is within the knowledge of the Committee that the provision of further houses of working-class type without reference to municipal support, either structural or by subsidy, is unlikely, then the larger total of 224 may be accepted as representing the demand for one-family dwellinghouses of modest rental at the date of this Report.

I would submit, however, as a point of practical importance that, while it is possible for a family of 4 to be as badly overcrowded as a family of 8 persons, it does not follow that the former family can independently hope to meet the cost of a size of house capable of housing the latter number. The opportunity suggests itself to sub-let, and the elements of overcrowding develop afresh. There will always be a certain proportion of inhabitants for whom the four—, or even the three—, roomed house will be in demand.

With regard to the maintenance of dwelling-houses in a condition reasonably fit in all respects for human habitation, Table E. shows the activities of the Sanitary Inspectors, and the results of their activities, under the various Housing Acts.

Houses let-in-Lodgings.

Houses Let-in-Lodgings. Prior to the current high rate of room-rentals, which has rendered the Byelaws with respect to these houses inoperative, there were 8 on the Register. Two have since closed, and 6 have been subjected to 16 visits of inspection by the Sanitary Inspectors.

These houses are chiefly of the older type of spacious family residence, subdivided into lets of from one to three rooms. The sanitary arrangements and water supply in most leave much to be desired. In some cases, the topmost tenants require to carry their fresh water from the common yard, this temporary supply being stood in the combined living and sleeping room.

Common Lodging Houses number three, two in St. James' area and one in Branksome. They were visited 62 times,

Poole, as a seaport town, feels the need of a controlled Model Lodging House. It would cater for the visiting seaman, who would be saved from possibly risky associations. It would also provide healthy rest for a certain nomadic element of unskilled labour.

Public Baths.

A comprehensive proposal for the provision at Seldown of well-equipped baths, not subject to seasonal closure, was projected so long ago as 1888. This, however, was not proceeded with, although the original plans have come again in front of the appropriate Committee more than once.

Fresh-water Baths. These were opened in 1920. They are situated close to the Guildhall, and consist of five cubicles with

lavatory accommodation, "wash and brush-up" room, and a waiting room. The charge for use of a bath cubicle with a new soap tablet is sixpence. A towel is provided at an extra charge of twopence.

In 1921, arrangements were introduced to allow children attending elementary schools to have the advantage of these baths on two days a week, at the nominal charge of one penny. In the past five years, the numbers using the baths have been as follows :

<i>Year.</i>	<i>Elementary School Children.</i>	<i>Total.</i>
1921	—	6,206
1922	953	6,448
1923	727	6,318
1924	1,680	7,037
1925	1,230	7,180

Salt-water Baths. There is a free open-air tidal swimming bath on the foreshore at Baiter, of which full advantage is taken during the summer months.

This bath, however, only caters for a small section of the community, and the Council now proposes to build alongside of the existing structure a second and full-size swimming bath especially for adult use.

The Council is also considering the provision of facilities for baths and swimming in the more inland portion of the Borough.

It is to be hoped that it will be possible to revive the original project of a self-contained and complete Baths establishment for the not unimportant section of the community which expects to find such a place available in a progressive Resort.

Rat Control.

Poole being a Port, both the rarer Black Rat and the commoner open-air Brown Rat are to be found in the Borough. The obligation to deal effectively with rats falls, under the Rats and Mice (Destruction) Order, 1919, upon the owner or occupier of premises infested with them. To assist in the clearing of premises harbouring these rodents, a charge of 3/6 being made, 46 visits were made for private occupiers in 1925. It is the custom to re-visit the premises and grounds the day after baits are laid, to collect unused baits, and every precaution is taken to prevent domestic animals from gaining access to the material used. A leaflet of advice and warning is also delivered at each place dealt with.

The experience gained in dealing with quayside grain stores, etc., agrees with the recommendation of the Ministry of Agriculture and Fisheries, namely, that to get good results, the rat must be treated to an attractive change of diet from that to which it gets ready access.

Wherever poultry food, eggs and young chickens are kept, rats are likely to be attracted. This, combined with the fact that many of the more secluded wooded areas of the Borough are now being cleared for habitation, calls for an appeal to those who keep hen-runs to consider their neighbours who do not. New poultry-houses and chickencoops should be made rat-proof as far as possible, and the food should be stored in rat-proof receptacles.

The refuse tips of the Borough are still an unfortunate necessity, and a modified evil only in so far as they are assisting to reclaim ground which is otherwise unserviceable. The nature of the tips makes them a happy hunting ground for rats. During the year 22 raids on the tips have been carried out.

The policy of attacking the rodents in the sewers, commenced in 1923, was continued, 1,600 baits being laid.

Any figures dealing with rat control are bound to be hypothetical, as the actual dead rats openly discovered are not accurate indication of the number who have fallen to the bait. From the following results obtained, however, during the past four years, it may safely be assumed that the rat population is being more than held in check.

Year	Baits laid	Refuse tips	Private Premises	Dead rats found
1922	34,000	49	43	2,259
1923	36,000	57	52	1,260
1924	34,000	28	39	820
1925	19,330	22	46	323

Mosquitoes.

The system of spraying the fresh-water lakes and ponds with paraffin for the destruction of mosquitoes and their larvæ was continued within the Borough during the past year.

Between April and September, the hottest period of the year, periodical visits were made to the fresh-water lakes, etc., requiring attention. A total of 56 gallons of paraffin was used at three places, and 28 visits made, the fresh-water lake in Poole Park being sprayed on ten occasions, the watercourse at the Parkstone Golf Links nine times, and the Branksome Chine Lakes nine times.

The whole of the Branksome Chine watercourse has also received special attention from the Borough Surveyor's Department, all sluggish by-pools being drained off, and the bed generally thoroughly cleaned.

There still remain some stagnant pools in the grounds of one or

two extensive properties in Branksome Park, which are stocked with gold fish, though the houses are for the time being perhaps vacant.

Food.

In addition to the ordinary inspection of foodstuffs and meat, certain important Regulations lay down lines of action which the Inspectors of the Department follow in safeguarding the public in the matter of the maintenance of Dairies, Cowsheds, and Milkshops, the Sale of Milk and Cream, the Sale of Food and Drugs, the control of Slaughterhouses, etc.

Considerable recent legislation, particularly in the direction of the supply of clean, wholesome milk, and sound meat, entails redoubled exertions on the part of the Inspectors and of the Health Department, but the work is willingly done in the knowledge that the community will gain.

It has been difficult to get the pig-keeping public—and even the butcher—to realise that the pig, as an animal for slaughter for human consumption, is not specially exempted from the ordinary rules of slaughter and inspection. Tuberculosis in pork is commoner than is generally imagined, and the more stringent conditions of inspection brought into force during the year emphasise this fact. It will be noticed in the Table below that the amount of beef requiring to be seized or surrendered has decreased remarkably in the past five years, whereas unfit pork fluctuates greatly in quantity.

			1921	1922	1923	1924	1925
Beef,	lbs.	...	5379	3063	1049	770	293
Mutton,	„	...	195	36	—	—	44
Pork,	„	...	2019	575	—	285	1245
Fish,	„	...	3698	6843	3315	2942	5114
Fruit,	„	...	336	56	100	1010	205
Eggs,	„	...	74	—	—	—	—
Offals,	„	...	—	—	—	—	418
Whelks,	„	...	130	—	—	—	—
Various,	„	...	95	28	—	3	4

44 samples of New Milk were analysed. The standard obtained in each of the last five years is as shown :—

1921	3.56 per cent.	8.74 per cent.
1922	3.74 "	9.00 "
1923	3.48 "	8.56 "
1924	3.49 "	8.76 "
1925	3.46 "	8.79 "

With a view to detecting tuberculous infection in milk supplies, and to identify the source of the taint, the Borough Laboratories examine periodically samples taken by the Inspectors. 19 samples were thus tested. The germ of Tuberculosis was not found.

Opportunity is taken at the same time to investigate the amount of extraneous solid matter which has found its way into the milk before reaching the consumer. The results for 1925 are as follows :

Serial No.	Foreign matter per 100,000 parts	Remarks.
W. 1.	15	—
T. 1.	30	Dirty Milk
T. 2.	16	Gross excess cells: not clean
T. 3.	8	Clean Milk
W. 2.	16.5	—
T. 4.	8	Satisfactory Milk
W. 3.	10	Fair Milk
T. 5.	16	Not Clean
W. 4.	16	Not Clean
W. 5.	30	Dirty Milk
T. 6.	10	Excess cells: Fair Milk
T. 7.	8	Excess of cells
T. 8.	20	Not a clean milk
T. 9.	18	Not clean
T. 10.	10	Some excess cells.
T. 11.	12	—
T. 12.	12	—
W. 6.	20	Not a clean milk
T. 13.	13	—

Table G enumerates the samples taken by the Inspectors under the Sale of Food and Drugs Acts, and subject to analysis as to genuineness or presence of preservative. Two cases of adulteration of milk were detected and prosecuted.

There are no underground bakehouses in the Borough.

All butchers' shops comply with the Regulations requiring provision of suitable window-shutter facilities.

The Report of the Borough Analysts on their work for 1925, and also a summary comparing the last two five-yearly periods are given overleaf.

Report on Work as Public Analyst for 1925.

"During the year 1925, 93 samples were submitted by Inspectors under the Sale of Food and Drugs Acts, of which 3 were returned as adulterated, giving a percentage of adulteration of 3.23.

Two of the adulterated samples were of milk, one of which showed a deficiency in fat of 9 per cent., while the other contained 4 per cent. of added water. The other adulterated sample was an undivided sample of mixed chocolate, which contained over 0.2 per cent. of unground cocoa husk or cocoa-shell. Cocoa husk appears to be frequently used in manufacture of eating chocolate after being ground to a fineness of 100 to 150. In the unground condition it is an undesirable constituent.

Butter in 1925 showed a substantial improvement, in fact it nearly regained an old-time quality with an average water-content of 12.68 per cent. One sample of butter (marked No. "57B") contained 9.86 per cent of water. None of such good quality has been found in Poole since July, 1914, when a sample contained 9.52 per cent. of water, but even then dry butters were getting less common than previously. For example, 3 out of a total of 28 butter-samples in 1913 contained respectively, 8.0, 8.4, and 7.6 per cent. of water. While in 1925 half the samples of butter contained boric acid, this was being added in smaller dosage than formerly, the average boric acid in those containing boron preservative being 0.08 per cent. As usual, it is the wetter butter in which preservative is to be found; butter free from preservative contained on an average 11.60 per cent. of water, that containing preservative averaged 13.76 per cent. of water.

Margarine contained on an average 14.23 per cent. of water. Every sample contained boron preservative in amounts ranging from 0.28 to 0.45 per cent. (average 0.35 per cent.) of boric acid. I have examined our records back as far as 1918 without finding so high an average for boric acid in any year. This alone would be disappointing, but it is rendered all the more so because during the autumn of 1924 certain vendors of margarine on the multiple-shop scale were advertising in the London daily papers their margarine to be free from preservatives, and it was naturally hoped that preservative-free margarine was going to be the rule.

Of the seven samples of sausage examined, three were of the beef variety and these three contained no preservative. Four samples of pork sausage contained preservative in every case: boric acid in two samples amounted to 14 and 8.7 grains per pound respectively; two others contained sulphur dioxide in amounts of 0.8 and 1.0 grains per pound respectively. The amount of water in beef sausages ranged from 36.16 to 45.70 per cent. (average 41.35 per cent.); pork sausages showed a wider range of water (35.2 to 52.2) and a bigger average of 45.1 per cent. of water,

In three samples of Compound Liquorice Powder, sand did not exceed 0.3 per cent. In a fourth sample I found 0.6 per cent of sand.

WILLIAM PARTRIDGE,

Joint Public Analyst."

Review Report of Borough Analysts.

"Concerning the five years 1921-1925 inclusive, the principal obvious alteration compared with 1916-1920 period is the disappearance of added colours to milk. Poole milk is whiter on an average than that from many districts and added colours were popular. Thus :

Year	Number of samples examined for added colours	Number in which added colours were found.
1915	65	26
1916	68	26
1917	30	9
1918/19/20	Food Controller Orders	—

The activities of the Health Department in the first of the quinquennium with regard to excess of boron preservatives in sausages had a good effect.

In 1916/1920 inclusive, nine out of ten samples of sausage contained boric acid and the average amount of 26.27 grains of boric acid per pound was present.

In 1921/25 inclusive, out of 11 samples of sausage, 3 were free from preservative, 2 contained sulphur dioxide and 6 contained boron preservative to an average content of 14.3 grains per pound of boric acid (i.e. in the six).

In 1920 only one sample of butter was analysed, but in 1919 butter contained on an average 15.56 per cent. of water, and 7 out of 8 samples contained boron preservative, the average boric acid in these 7 being 0.32 per cent. During the five years 1921-25, water has tended to decrease, 1925 showing a real promise of good quality butter.

Margarine in 1919 (no samples examined in 1920) showed an average water content of 15.55 per cent. The 1925 average is given in the Annual Report and shows some improvement. In content of preservative a very serious increase is observed, the average amount of 0.35 per cent. being found.

No samples of margarine were examined in 1920, but they contained on an average 0.14 per cent. of boric acid in 1919 and 0.17 per cent. in 1918.

During 1920/25, ten samples of Separated Milk were analysed and showed an average composition of 0.3 per cent. of fat and 9.13 per cent. of solids-not-fat.

WILLIAM PARTRIDGE,

Joint Public Analyst,"

Milk and Dairies (Amendment) Act, 1922.

Under this Act, 30 shop proprietors were registered as Retail Purveyors of Milk. A further three applicants, whose premises could not be brought into line with the new conditions required as regards the storage and distribution of milk withdrew their applications and discontinued the sale.

Offensive Trades.

There is one Licensee in the Borough, carrying on the trade of Bone Boiler.

Diseases of Animals Acts.

Swine Fever. During the year, three suspected cases were reported to the Board of Agriculture, as against 11 in 1924.

The Swine Fever (Regulation of Movement) Order, 1922, has been in operation during the year. Under this Order, licences are required on the movement of swine from Markets.

Active co-operation has existed during the year between the Police throughout the County and the Inspectors under the Diseases of Animals Acts, and records have been kept of all movements from Markets.

Three offences against the Swine Fever Order were dealt with. In two cases the persons were prosecuted and the cases against them dismissed on payment of costs, and in the third instance the offender was cautioned.

Foot-and-Mouth Disease. Owing to the continuance of this disease in England, the whole of this Borough was scheduled as an Area under the Diseases of Animals Acts, and the Midlands and South of England (Regulation of Movement of Animals) Order of 1925. This Order, which came into force in November, prohibited the movement of cattle, sheep, goats, swine and deer out of or within the Borough unless a Movement Licence was granted by the Inspectors.

Although Foot-and-Mouth Disease spread almost to the boundaries of the Borough, the Town was fortunate enough to maintain freedom of its animal population from the infection.

During this period, 231 movement licences were granted, and 141 licences countersigned by the outside Authorities issuing the licences.

Altogether 93 visits were made by the Inspectors in connection with work under the Diseases of Animals Acts,

Slaughterhouses.

There is still great need of a modern Public Slaughterhouse for the Borough. A considerable proportion of the butcher meat consumed in Bournemouth is killed and dressed in the Poole slaughterhouses, which number fourteen and are scattered over an area of some 12 square miles.

The introduction of the recent Meat Regulations puts an entirely new aspect on the work of the Meat Inspectors. While an average of 418 visits was made in the years 1921-1924 during times when the Inspectors had reason to expect killing to be taking place, the new obligation on the part of a butcher and others to give at least three hours' notice of intention to slaughter has had the effect of raising the calls on the Inspectors' time in 1925 to 839 visits, though the new Public Health (Meat) Regulations have been in operation for nine months only.

Parallel with this, the visits paid to butchers' shops, which averaged 633 in the previous four years, increased in 1925 to 1,289.

It can be readily understood how much of the Inspectors' time could be released for other very necessary duties if all killing were concentrated on one central abattoir, where each butcher has his own stall.

Private Slaughterhouses in the Borough.

	1920	1924	1925
Registered	2	2	—
Licensed	12	13	14
Total	14	15	14

Cemeteries.

The Borough has three Municipal cemeteries, which by recent extension of nearly 15 acres will lengthen the available "life" of the ground by about ten years.

Factories, Workshops and Workplaces.

Particulars of the work of inspection carried out by the Sanitary Inspectors under the Factory and Workshops Act, 1901, and the Public Health Acts are to be found in Table J.

Smoke and Dust Abatement.

Smoke. It is a very debatable point whether, size for size, a factory chimney is a greater contributor to the smoke pall of a town than the ordinary domestic flue. In a Borough such as Poole, with its possibilities as a recuperative resort, each householder should recognise that his own personal effort in this matter is essential to progress. Excess of smoke distributed in the air of a Town means liability to fog. Fog is commonly due to particles of soot and other suspended matter collecting a coat of moisture and settling in a dense mass, irritable to the healthy chest and seriously undermining the weak.

In an endeavour to maintain a clear atmosphere, a system of observation of factory premises was introduced in 1921. During 1925, 64 observations were made on 8 Works' chimneys.

One particular Works' flues have given so much trouble that the alternative has now been reached of discontinuing business, or of replanning and rebuilding the whole premises.

Dust. Reference to suspended matter in the air compels consideration of the conditions of road traffic in which the present generation finds itself. Where 50 years ago one could have stood at a cross-roads and counted in an hour a few carts and an occasional carriage and pair, covering the ground at an average rate of six or seven miles per hour, one can see today motor leviathans and their smaller disciples literally rubbing away the surface of the road at a speed of thirty miles an hour, with such good effect that the best engineering brains cannot devise a road-face which this process of trituration will not ruin in ten years. Meanwhile we live in an atmosphere of pulverised pebble. Hence the importance of Regulations for the care and handling of foodstuffs, for the protection of meat and milk, for the shutting of shop-fronts, closing in of stalls, etc., etc. Hence the added importance of the hygiene of the mouth and throat.

List of Adoptive Acts, Local Acts, etc.

Adoptive Acts.

- The Infectious Diseases (Prevention) Act, 1890.
- The Public Health Acts, Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Baths and Wash-houses Acts, 1846 to 1899.
- The Public Health Act, 1925, Parts II. to V.

Local Acts.

Poole (Extension) Order, 1905.

Confirmed by the Local Government Board's Provisional Orders Confirmation (No. 12) Act, 1905.

The Poole Corporation Water Act, 1906.

The Poole Corporation Act, 1919.

Bye-Laws.

<i>Date of Approval.</i>	<i>Subject.</i>
9th November, 1889.	Parks and Pleasure Grounds.
20th December, 1895.	Sanitary Conveniences.
1st May, 1896.	Common Lodging Houses.
4th May, 1896.	Slaughter Houses.
24th December, 1896.	Nuisances.
11th January, 1907.	Cemeteries, Management of.
13th November, 1907.	Good Rule and Government.
6th July, 1911.	Houses Let-in-Lodgings.
14th August, 1911.	Public Bathing.
18th May, 1925.	Nuisances (Keeping of Animals).
14th April, 1926.	New Streets and Buildings.

Regulations.

1907.	Cemeteries.
1907.	Good Rule and Government.
1908.	Dairies, Cowsheds and Milkshops.
Connections of Drains of Buildings with Sewers.	

Infectious Diseases.*Hospitals.*

Baiter Hospital, on the Baiter Peninsula in Poole Harbour, is kept in reserve for Smallpox. It has 20 beds, with an experienced Nurse as resident Caretaker. It has not been used during the year.

Alderney Hospital is situated in a very healthy position near the landward boundary of the Town, on high gravel soil. It can accommodate 73 patients, and consists of six blocks, with administrative buildings, disinfection station and motor ambulance. The motor ambulance replaced a horse vehicle in 1922.

Incidence of Notifiable Infectious Diseases. During the past five years, the number of cases of the usual Hospital-treated infectious diseases notified in the Borough has been :-

Year	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever
1921	—	89	78	3
1922	—	45	33	—
1923	—	9	5	1
1924	—	38	20	1
1925	—	12	31	—

For the year under review (1925) :—

	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever
<i>England and Wales</i> Attack rate per 1,000 population	0.14	2.36	1.23	0.07
<i>Poole</i> Attack rate per 1,000 population	—	0.24	0.75	—
<i>England and Wales</i> Death Rate per 1,000 population	0.00	0.03	0.07	0.01
<i>Poole</i> Death Rate per 1,000 population	—	—	0.06	—

Of the above figures in 1925, 16 of the Diphtheria cases occurred amongst London Elementary School children, temporarily resident at a recuperative School-Home, one of whom was found to have brought the infection from London. The outbreak was confined to the Home, of which four other inmates had in addition to be isolated as positive contacts. A further eight cases of Diphtheria were the result of a patient in a Hospital, while an unconscious carrier, spreading the disease to seven other in-patients, and requiring also the isolation of a further eight contacts as temporary carriers. Apart from this, both Diphtheria and Scarlet Fever in the homes of the Town have been negligible, and I venture to doubt whether any town in England or Wales can show a five years' bill of health so outstanding in the lowness of its infectious diseases.

Thanks for this happy state of affairs are to a great extent due to the people themselves, who are now appreciating that the motto of their grandmothers—"Every child has to go through it"—was a

motto born of involuntary ignorance. In fact, I will be bold enough to throw out a challenge to the inhabitants of any other town to beat this record of the people of Poole in the next five years. Advance in Public Health is no longer determined by official precept, but by communal endeavour, that is, by the efforts of the people on their own behalf, with the awakening of a sense of pride in their own surroundings.

Table I. gives particulars in tabular form of case and age incidence of all infectious diseases for the year. It will be noticed that in Poole chickenpox is a notifiable condition. This is very necessary, to assist in control of the spread of smallpox, especially with so large a percentage of unvaccinated children.

Control of Infectious Diseases. The Borough Public Health Laboratory examines free of charge all pathological and bacteriological specimens submitted by medical practitioners, Health Visitors, School Nurses or Hospitals, the report being telephoned where urgency is of importance. Particulars of work done in this sphere will be found in the portion of the Report dealing with the Laboratory. As the Medical Officer of Health is also School Medical Officer, Medical Officer under the Maternity and Child Welfare Scheme, Port Medical Officer, Superintendent of the Fever Hospital, Director of the Laboratory, and Honorary Pathologist to the Cornelia Hospital, he is thus enabled to keep himself in intimate personal touch with illness, which it would be impossible to maintain in a town of larger population.

Absentee Reports from the School staffs are checked and followed up by the School Nurses and School Attendance Officers; and systematic swabbing of sore throats and discharging nostrils, both at home and in the School Clinics, is a valuable aid to checking a school outbreak, as often an unsuspected case is thus disclosed and spread prevented.

The Health Visitors, by the operation of the Notification of Births Act, are liable to track out such infantile conditions as Ophthalmia, Pemphigus and Erysipelas.

Diphtheria antitoxin is available free to medical practitioners on application to the Public Health Office, on certificate of emergency.

For the cleansing and disinfection, and disinfection of verminous persons and their belongings, Alderney Hospital is equipped with baths and steam disinfector.

The disinfection of premises, after infectious illness, is carried out by the Department's employees under the supervision of the Sanitary Inspectors.

It has not been found practicable to introduce the tests for susceptibility to Scarlet Fever and Diphtheria, and immunising methods, associated with the names of Dick and Schick.

Hospital Treatment of Borough Cases.

Scarlet Fever. 16 cases were admitted, of which 4 were kept under observation and found to be conditions other than Scarlet Fever. There were no deaths.

Diphtheria. 55 cases of Diphtheria, or of temporary germ-carriers were admitted. Two of these were found on admission to be conditions other than Diphtheritic. 20 of the above were from a Holiday Home for London School children, amongst whom a temporary carrier had spread infection.

Of the Poole cases, three ended fatally.

Other Diseases. The remaining Borough Cases consisted of Erysipelas, 2; Measles, Chickenpox, Cerebro-spinal Meningitis, and Puerperal Fever, one each. The two last mentioned died in Hospital.

Total Admissions. Table H tabulates the total admissions, with average duration of treatment.

Extension of Scope. Prior to 1921, the Hospital catered for the population of Poole, Poole Rural District, and Army Units in the Wool district. Since 1921 additional contracts have been completed and patients treated on behalf of Wimborne Minster, Wimborne and Cranborne Rural District, Wareham Borough, and Christchurch, and arrangements are pending for acceptance of patients from Wareham and Purbeck Rural District.

The Hospital as a Training Hospital for Fever Nurses. The Hospital received recognition as a Training Institution, under the present Medical Officer, in 1921.

With new regulations as to the minimum number of beds in daily occupation framed by the General Nursing Council, the high standard of health of the Borough during recent years has so militated against maintaining the number required that the Hospital has had to surrender its recognition for purposes of a registrable Fever Nurses' Certificate, the last examination being held in April, 1926.

During the period, six probationer nurses obtained the full Certificate and one passed the first Examination. There were no failures.

It is now hoped that by affiliation with some other and larger recognised Hospital it will still be possible for the probationer nurses to look forward to a Professional Certificate.

Disinfection. In addition to the ordinary routine work for the Hospital, the Disinfecting Station has collected, dealt with and returned 505 articles, varying in size from double bedding to handkerchiefs.

The steam disinfector is of the jacket type, working up to 40 lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham.

Cost of Alderney Hospital and Disinfecting Station.

For the five years ending 31st March, 1925, the expenditure and income were as under:—

Year	Expenditure	Income	Net Cost
	£	£	£
1920-21	3318	212	3106
1921-22	2761	341	2420
1922-23	2703	471	2232
1923-24	1656	611	1045
1924-25	1922	705	1217

For the year ending 31st December, 1925, the total expenditure, apart from income, has been:—

			£	s.	d.
Salaries	...	...	732	5	9
Maintenance	...	...	548	2	10
Fuel, Light, etc.	...	...	181	17	10
Drugs and Medicines	...	...	61	0	11
Interest and Sinking Fund	...	...	335	16	8
Repairs	...	...	45	10	0
Miscellaneous	...	...	98	15	8
			<u>£2003</u>	<u>9</u>	<u>8</u>

Cost per patient per day: 9s. 1³d.

Tuberculosis.

The Dorset County Council is the Local Authority for the prevention and treatment of Tuberculosis.

Particulars are given below of the position as regards the incidence of the disease for the last five years.

Year	First Notifications		Formerly notified new residents		Deaths	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1921	100	8	1	—	42	6
1922	67	9	3	1	51	6
1923	56	14	9	—	45	11
1924	64	11	2	—	40	7
1925	59	18	12	1	33	6

For the year under review, the details are as follows:—

Age Period	New Cases								Deaths			
	Pulmonary				Non-Pulmonary				Pulmonary		Non-pulmonary	
	M.		F.		M.		F.		M.	F.	M.	F.
	Prim-ary Noti- fica- tions	Renoti- fica- tions	Prim-ary Noti- fica- tions	Renoti- fica- tions	Prim-ary Noti- fica- tions	Renoti- fica- tions	Prim-ary Noti- fica- tions	Renoti- fica- tions				
0	—	—	—	—	—	1	1	—	—	—	—	—
1	—	—	1	—	—	—	—	—	—	—	—	1
5	3	—	2	—	1	—	1	—	—	—	—	1
10	—	—	1	—	2	—	2	—	—	—	1	2
15	—	—	3	—	3	—	—	—	—	2	—	—
20	5	1	7	3	2	—	1	—	1	3	—	—
25	10	2	6	2	1	—	2	—	2	5	—	1
35	6	2	3	—	—	—	1	—	7	2	—	—
45	3	1	3	2	—	—	—	—	7	—	—	—
55	3	—	1	—	—	—	—	—	2	—	—	—
55 and over	2	—	1	—	—	—	—	—	1	1	—	—
Totals	32	6	28	7	9	1	8	—	20	13	1	5

Of the 33 deaths from the pulmonary form :—

5 had not previously been notified ;

1 was notified at death ;

15 had been notified during 1925 ;

3 " " " " 1924 ;

2 " " " " 1923 ;

1 " " " " 1922 ;

5 " " " " 1921 ;

1 " " " " 1919 ;

1 " " " " 1918 .

Of the 6 deaths from other forms, two cases of meningitis were not previously diagnosed, and one case of bone disease which had received hospital treatment had not been notified.

The proportion of notified and non-notified pulmonary cases dying in recent years has been as follows :—

	1917	1918	1919	1920	1921	1922	1923	1924	1925
Previously notified	19	18	25	20	31	25	25	28	28
Not notified	31	28	16	19	11	26	20	12	5
Total	50	46	41	39	42	51	45	40	33

Occasion has not arisen during the year for applying the operation of Section 62 of the Public Health Act, 1925, (compulsory removal to hospital of certain cases of pulmonary tuberculosis), or

of the Public Health (Prevention of Tuberculosis) Regulations, 1925 (controlling tuberculous subjects in the milk trade).

In accordance with the Tuberculosis Regulations, 1924, a laborious scrutiny was made in that year of all available information since 1912, in order to ascertain the tuberculous "population" of the Borough. The resulting figures could only at best be approximate, as during the war touch was lost with many, and a provisional "observation" notification was made in some cases. Obviously in many cases, deaths have not been ascertained through change of residence. Obviously again, some, having outlived the expected span of a tuberculous life without further medical reference, may be considered as no longer active cases. Tuberculous glands of the neck in particular may lose their activity and leave a fairly sound life. With these margins of error included, there were at the end of 1925, 768 people affected with Tuberculosis of the respiratory tract, and 58 people with other forms of the disease resident in the Borough—a proportion of about one to every fifty of the inhabitants.

Venereal Diseases.

Administration and treatment is in the hands of the County Council. A Clinic in the Borough itself is very necessary. At present the nearest available Centre is at the Royal Victoria Hospital. No alteration in this respect has been effected during the years 1921-1925.

Three persons who presented themselves to the Medical Officer of Health for advice were referred thither for treatment.

The number of patients who attended the Clinic, registered as resident in the Borough of Poole, was 42, compared with 56 in 1924.

Sex	Treatment completed	Syphilis		Gonorrhoea			Diagnosed as Non-Venereal
		Ceased attendance before completion of treatment	Still under treatment	Treatment completed	Ceased attendance before completion of treatment	Still under treatment	
M.	2	5	3	5	11	4	10
F.	3	1	5	2	1	—	5
Total	5	6	8	7	12	4	15

Scrutiny of the Register of Deaths shows that, during the year, 13 deaths can be attributed directly or indirectly to an infection with Venereal Disease.

Ophthalmia Neonatorum.

This crippling and avoidable disease of infancy continues to be light in incidence, having fallen from 21 cases in 1921, to 9 in 1922, and to 4 in each of the last three years. In all, except one impaired vision in 1921, full sight has been preserved.

Borough Laboratory.

The sphere of gratuitous utility of the Public Health Laboratory includes the Hospitals in the Borough, the Medical Practitioners of the Borough, the School Medical Service, the Maternity and Child Welfare Service, and the Food Inspectors.

For reports on materials coming from outside the Borough small charges are made.

Charges are also made for special work, such as preparation of vaccines, bacteriological tests of water samples, etc.

The work of the year is shown in the Table below :—

Diphtheria Swabs.

	Hospital	...	...	554
	Nurses and Clinics	...	...	664
	Medical Practitioners	...	...	169
	Institutions	...	...	246
	County	...	...	18
			—	1651
Sputa	...	...	...	113
Hair for Ringworm	...	...	...	55
Bacteriological examinations of water	...	...	...	85
Cerebro-spinal and other fluids	...	...	...	44
Tissues	...	...	...	46
Blood films	...	...	...	15
Blood for detection of Typhoid-Dysentery	...	...	...	3
group	...	...	...	118
Urines	...	...	...	31
Examinations of Milk	...	...	...	12
Examinations of Dejecta	...	...	...	30
Venereal Diseases	...	...	...	14
Vaccines	...	...	...	5
Oysters	...	...	...	1
Various	...	...	...
				<hr/> 2223 <hr/>

In 1924, 1418 examinations and reports were made. The chief increase has been in the amount of "swabbing" found necessary in order to detect healthy "carriers" who were in danger of causing an outbreak of Diphtheria in residential Institutions.

Hospitals, Medical Services and Nursing Arrangements available for the Borough.

(1) Hospitals and Sanatoria.

<i>Classification</i>	<i>Name</i>	<i>Situation</i>	<i>Accommodation</i>	<i>Provided by</i>
Tuberculosis ...	Various	Various	72 for County	County Council
Maternity ...	Cornelia Hospital	Longfleet	4 beds	Borough Council
Children under 5	Cornelia Hospital	Longfleet	8 cots	Borough Council
Infectious Diseases	Borough Isolation	Upper Parkstone	73 beds and cots	Borough Council
Small Pox, etc.	Baiter Isolation	Poole	20 beds	Borough Council
Children's Convalescent ...	Swanage Memorial	Swanage	3 for Borough	Royal Red Cross Society
Venereal Disease...	Royal Victoria	Boscombe	4 beds	County Council
General	Cornelia Hospital	Longfleet	60 beds	Voluntary effort

(2) *Clinics and Treatment Centres.*

<i>Classification</i>	<i>Situation</i>	<i>Provided by</i>
Tuberculosis ...	King Street, Poole	County Council
Maternity and Child Welfare ...	Council Buildings, Poole ...	Borough Council
" " "	Branksome Council Buildings ...	Borough Council
Maternity and Child Welfare Association Consultation Centre and School for Mothers ...	Poole ...	Voluntary effort subsidised by Borough Council
" " " ...	Upper Parkstone ...	" "
" " " ...	Heatherlands ...	" "
" " " ...	Newtown ...	" "
" " " ...	Longfleet ...	" "
Elementary Schools, Minor Ailments ...	Council Buildings, Poole ...	Borough Council
" " " ...	Council Buildings, Branksome ...	" "
Elementary Schools, Dental Operative Clinic ...	Council Buildings, Poole ...	" "
Elementary Schools, Nose and Throat Operative Clinic ...	Cornelia Hospital ...	" "
Elementary Schools, Eye Clinic ...	" "	" "
Elementary Schools, X-Ray Clinic ...	" "	" "
Venereal Diseases ...	Boscombe ...	County Council
General Dispensary	Langley Road, Branksome ...	Voluntary Effort

(3) *Professional Nursing in the Home.*

General. Two District Nurses for the Parkstone area are provided by the Parkstone District Nursing Association. One District Nurse, for work in the Poole, Longfleet and Oakdale districts, is provided by the Poole District Nursing Association.

These Associations are affiliated to the Dorset County Nursing Association.

Maternity. Ten Certified Midwives are at present practising in the Borough. One District Nurse is provided by the Poole District Nursing Association for Maternity duties.

(4) *Ambulance facilities.*

(a) *Infectious Diseases.* A motor ambulance for one stretcher and one sitting case is stationed at the Borough Hospital. The area covered by this vehicle covers a considerable portion of the East of the County of Dorset, and Christchurch in Hampshire.

(b) *Non-infectious and Accident Cases.* The St. John Ambulance Brigade, Parkstone, have provided a motor ambulance for general non-infectious transport work. Fees are charged to suit all classes. Trained ambulance men are supplied.

There is also a hand ambulance quartered at Parkstone Park.

(5) *Other Institutional Provision.*

Unmarried Mothers. A Home for girls awaiting confinement, and for unmarried mothers with their infants, with four beds and four cots, is situated at "Oak Tree Lodge," Lower Parkstone. This is supported by voluntary effort.

Illegitimate Infants. The Hants and Dorset Babies' Home, in Commercial Road, Parkstone, is capable of boarding 23 infants. It receives an annual grant from Government funds, and is subject to supervision by the Medical Officer of Health.

Homeless Children. The Dorset Home, in West Street, Poole, with accommodation for 75 girls, is a recognised Industrial School under the Children's Act, 1908. A few local children are sometimes maintained in the Home, but the majority come from the London County Council area. Girls are retained till the age of 18. The majority ultimately go into domestic service.

Health Week.

The general undertakings associated with this week of intensive Public Health educational propaganda are organised each year very thoroughly by a Committee representing most of the activities of the Borough, under the Chairmanship of the Mayor and the auspices of the Health Committee and the Council. The Voluntary Maternity and Child Welfare Association assists.

Believing that the spoken word gets further home than any printed matter, the Medical Officer takes up some simple Health subject each year, and in this way reaches the general public through the religious and lay bodies and institutions in the Borough, the adult workers of both sexes in their working surroundings, the mother with her infant at the Child Welfare Centres, the schoolchild at School. Special reference is also made by the clergymen in the pulpits of the Town's churches.

By these means, the Medical Officer was enabled in the 1925 Week to give thirty-six addresses—9 in the larger Works of the Town, 5 at Mothers' Centres, 14 at Elementary Schools, one at a Secondary School, and 7 at various lay meetings, and to have a talk with some 2,500 men and women and 3,500 school children.

The Elementary scholars each year join in a competitive essay competition on some Health subject not previously disclosed.

The Medical Officer welcomes the opportunity of officially thanking those who assist in making this work a success and a pleasure, especially the clergy, the employers of labour, the School staffs, and the local Press. The employers of labour in particular deserve credit for their public-spirited action in allowing him to meet their collected employees inside working hours.

The points so far dealt with in these concentrated Weeks have been :-

1921 : The Sun, the Fresh Air and the Blood.

1922 : Oral Sepsis.

1923 : Private Health, Communal Health and the Rates.

1924 : Clean Food.

1925 : The Care of the Feet.

The great call is the education of the public for the public weal. The healthy community is the successful community, whether in output, in income or self-government.

List of Tables.

A.—Vital Statistics—Quinquennial.

B.—Deaths from all Causes.

C.—Infant Mortality.

D.—Births.

E.—Housing.

F.—(1) and (2) Sanitary Inspection, Nuisances and Defects.

G.—Food and Drugs.

H.—Cases Admitted to Borough Isolation Hospital.

I.—Infectious Diseases.

J.—Factories and Workshops.

TABLE A.
Vital Statistics, Quinquennial.

Year	Mid-year Population	Infantile Mortality per 1,000 births	Per 1,000 of Population				Pulmonary Tuberculosis Death Rate
			Birth Rate	Marriage Rate	Death Rate	Cancer Death Rate	
1885	12957	86	39.5		18.7		
1890	14027	82	26.9		14.6		
1895	17050	126	29.5		15.1		
1900	18991	131	27.7		15.3	1.3	.9
1905	21804	113	26.7		15.7	.8	1.3
1910	34168*	82	26.0	15.4	12.7	1.1	1.1
1915	42800	93	18.7	18.6	13.2	.9	.8
1920	43400	75	23.6	22.0	10.8	1.2	.9
1921	43649	73.6	21.8	16.7	11.9	1.2	.96
1922	43250	79.7	19.5	16.3	14.1	1.4	1.3
1923	43860	60.0	19.3	17.6	11.9	1.62	1.02
1924	45150	66.3	18.0	17.3	11.6	1.13	.91
1925	46150	71.7	18.1	22.4	11.7	1.60	.71
England & Wales, 1925		75.0	18.3		12.2		

• Enlarged Borough.

Note: Corrected Death Rate, 1925—8.87

A. J. M. A. I.
Lincoln County, California

General Description		Location		Elevation		Area	
Section	Sub-section	Section	Sub-section	Section	Sub-section	Section	Sub-section
1	1.1	2	2.1	3	3.1	4	4.1
5	5.1	6	6.1	7	7.1	8	8.1
9	9.1	10	10.1	11	11.1	12	12.1
13	13.1	14	14.1	15	15.1	16	16.1
17	17.1	18	18.1	19	19.1	20	20.1
21	21.1	22	22.1	23	23.1	24	24.1
25	25.1	26	26.1	27	27.1	28	28.1
29	29.1	30	30.1	31	31.1	32	32.1
33	33.1	34	34.1	35	35.1	36	36.1
37	37.1	38	38.1	39	39.1	40	40.1
41	41.1	42	42.1	43	43.1	44	44.1
45	45.1	46	46.1	47	47.1	48	48.1
49	49.1	50	50.1	51	51.1	52	52.1
53	53.1	54	54.1	55	55.1	56	56.1
57	57.1	58	58.1	59	59.1	60	60.1
61	61.1	62	62.1	63	63.1	64	64.1
65	65.1	66	66.1	67	67.1	68	68.1
69	69.1	70	70.1	71	71.1	72	72.1
73	73.1	74	74.1	75	75.1	76	76.1
77	77.1	78	78.1	79	79.1	80	80.1
81	81.1	82	82.1	83	83.1	84	84.1
85	85.1	86	86.1	87	87.1	88	88.1
89	89.1	90	90.1	91	91.1	92	92.1
93	93.1	94	94.1	95	95.1	96	96.1
97	97.1	98	98.1	99	99.1	100	100.1

Diagram illustrating the layout of the land in Lincoln County, California, showing the arrangement of sections and subsections.

TOTAL DEATHS REGISTERED IN THE BOROUGH:—539. RATE:—11.7.		TABLE B.
TRANSFERABLE DEATHS :—	(a) of non-Residents Registered in the Borough :	41
	(b) of Residents not Registered in the Borough :	44
NETT DEATHS BELONGING TO THE BOROUGH :—542. RATE:—11.7		
Corrected Death Rate :—8.87		

NETT DEATHS BELONGING TO THE BOROUGH:—542. RATE:—11.7
Corrected Death Rate:—8.87

Causes of Death				All Ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and under 75 years	75 and over	Total Deaths in institutions
All Causes : Certified Uncertified 				541 1	60 —	11 —	8 1	11 —	20 —	51 —	128 —	126 —	127 —	76 —
1.	Enteric Fever	...	...	—	—	—	—	—	—	—	—	—	—	—
2.	Small Pox	...	...	—	—	—	—	—	—	—	—	—	—	—
3.	Measles	...	...	3	—	2	1	—	—	—	—	—	—	—
4.	Scarlet Fever	...	...	—	—	—	—	—	—	—	—	—	—	—
5.	Whooping Cough	...	...	13	4	6	2	1	—	—	—	—	—	—
6.	Diphtheria and Croup	...	...	3	—	—	1	2	—	—	—	—	—	3
7.	Influenza	...	...	13	—	—	1	—	1	—	4	5	2	—
8.	Encephalitis Lethargica	...	...	1	—	—	—	—	—	—	1	—	—	—
9.	Meningococcal Meningitis	...	...	1	—	—	—	—	—	—	—	1	—	1
10.	Tuberculosis of Respiratory System	...	...	33	—	—	—	—	6	16	9	2	—	7
11.	Other Tuberculous Diseases	...	...	6	—	—	1	4	—	1	—	—	—	2
12.	Cancer (Malignant Disease)	...	...	74	—	—	—	—	1	5	33	22	13	12
13.	Rheumatic Fever	...	...	1	—	—	—	—	—	—	1	—	—	—
14.	Diabetes	...	...	3	—	—	—	—	—	1	1	—	1	—
15.	Cerebral Haemorrhage, etc.	...	...	44	—	—	—	—	—	1	11	17	15	3
16.	Heart Disease	...	...	83	—	—	—	—	2	9	22	25	25	5
17.	Arterio Sclerosis	...	...	21	—	—	—	—	—	—	3	5	13	1
18.	Bronchitis	...	...	26	5	—	—	—	—	1	4	7	9	1
19.	Pneumonia (all forms)	...	...	18	2	—	1	1	—	—	3	7	4	3
20.	Other Respiratory Diseases	...	...	11	—	—	1	—	—	—	2	5	3	—
21.	Ulcer of Stomach or Duodenum	...	...	4	—	—	—	—	—	1	2	1	—	—
22.	Diarrhoea, etc. (under 2 years)	...	...	8	6	2	—	—	—	—	—	—	—	4
23.	Appendicitis and Typhlitis	...	...	4	—	—	—	—	—	—	3	—	1	4
24.	Cirrhosis of Liver	...	...	—	—	—	—	—	—	—	—	—	—	—
25.	Acute and Chronic Nephritis	...	...	11	—	—	1	—	—	2	2	5	1	4
26.	Puerperal Sepsis	...	...	3	—	—	—	—	1	2	—	—	—	1
27.	Other Accidents & Diseases of Pregnancy and Parturition	...	...	3	—	—	—	—	—	3	—	—	—	2
28.	Congenital Debility & Malformation, Premature Birth	...	...	31	31	—	—	—	—	—	—	—	—	4
29.	Suicide	...	...	8	—	—	—	—	—	1	7	—	—	—
30.	Other Deaths from Violence	...	...	19	2	1	—	—	4	4	4	3	1	5
31.	Other Defined Diseases	...	...	95	9	—	—	3	5	4	16	20	39	14
32.	Causes Ill-Defined or Unknown	...	...	2	1	—	—	—	—	—	—	1	—	—
Total				542	60	11	9	11	20	51	128	126	127	76
Sub-Entry included in above figures :— Syphilis				—	4	—	—	—	—	1	6	2	—	—

TABLE B

Total Deaths Registered in the Borough—117
 (a) of non-Resident Registered in the Borough—11
 (b) of Residents not Registered in the Borough—106
 Zilla Deaths Relative to the Borough—117
 Corrected Death Rate—2.57

Causes of and Ages at D

Age	Sex	Male	Female	Total	Causes of and Ages at D
1	Infantile Fever
2	Small Pox
3	Measles
4	Scarlet Fever
5	Whooping Cough
6	Diphtheria and Croup
7	Infants
8	Whooping Cough
9	Measles
10	Tuberculosis of Respiratory System
11	Other Tuberculosis Diseases
12	Cancer (All kinds)
13	Influenza
14	Diphtheria
15	Cerebral Haemorrhage
16	Heart Disease
17	Aortic Aneurysm
18	Bronchitis
19	Pneumonia (All kinds)
20	Other Respiratory Diseases
21	Diabetes
22	Diabetes (Insulin)
23	Apoplexy and Typhoid
24	Gout and Rheumatism
25	Acute and Chronic Nephritis
26	Prostatic Gland
27	Other Acute Diseases
28	Other Chronic Diseases
29	Other Diseases
30	Other Diseases
31	Other Diseases
32	Other Diseases
33	Other Diseases
34	Other Diseases
35	Other Diseases
36	Other Diseases
37	Other Diseases
38	Other Diseases
39	Other Diseases
40	Other Diseases
41	Other Diseases
42	Other Diseases
43	Other Diseases
44	Other Diseases
45	Other Diseases
46	Other Diseases
47	Other Diseases
48	Other Diseases
49	Other Diseases
50	Other Diseases
51	Other Diseases
52	Other Diseases
53	Other Diseases
54	Other Diseases
55	Other Diseases
56	Other Diseases
57	Other Diseases
58	Other Diseases
59	Other Diseases
60	Other Diseases
61	Other Diseases
62	Other Diseases
63	Other Diseases
64	Other Diseases
65	Other Diseases
66	Other Diseases
67	Other Diseases
68	Other Diseases
69	Other Diseases
70	Other Diseases
71	Other Diseases
72	Other Diseases
73	Other Diseases
74	Other Diseases
75	Other Diseases
76	Other Diseases
77	Other Diseases
78	Other Diseases
79	Other Diseases
80	Other Diseases
81	Other Diseases
82	Other Diseases
83	Other Diseases
84	Other Diseases
85	Other Diseases
86	Other Diseases
87	Other Diseases
88	Other Diseases
89	Other Diseases
90	Other Diseases
91	Other Diseases
92	Other Diseases
93	Other Diseases
94	Other Diseases
95	Other Diseases
96	Other Diseases
97	Other Diseases
98	Other Diseases
99	Other Diseases
100	Other Diseases

TABLE C.
Infant Mortality During 1925.

Causes of Death	Deaths from stated causes at various ages under 1 year									Total Deaths under one year
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	
Bronchitis ...	—	—	—	—	—	1	—	2	2	5
Whooping Cough ...	—	—	—	—	—	—	2	2	—	4
Broncho Pneumonia ...	—	—	—	—	—	—	—	1	1	2
Gastro Enteritis ...	—	—	—	—	—	3	1	2	—	6
Suffocation ...	1	1	—	—	2	—	—	—	—	2
Premature Birth ...	9	3	1	1	14	2	1	—	—	17
Atrophy, Debility and Marasmus	4	—	—	1	5	2	1	—	—	8
Congenital Defects ...	1	—	1	—	2	—	1	—	—	3
Intussusception ...	—	—	—	—	—	—	1	2	—	3
Convulsions ...	—	—	—	1	1	—	—	—	—	2
Pyloric Stenosis ...	—	—	—	—	—	—	—	1	—	1
Microcephalic Idiocy ...	—	—	—	—	—	—	—	—	—	1
Oesophageal Stenosis ...	—	—	1	—	1	—	—	—	—	1
Hydrocephalus ...	—	—	—	—	—	—	—	—	—	1
Purpura ...	—	1	—	—	1	—	—	—	—	1
Dyspepsia ...	—	1	—	—	1	—	—	—	—	1
Acute Meningitis ...	—	—	—	—	—	—	—	1	—	1
Glandular Suppuration ...	—	—	—	—	—	—	1	—	—	1
	15	6	3	3	27	11	8	11	3	60

TABLE C
 1951-1952

Description of work	Number of men					Number of days					Total man-days
	1	2	3	4	5	6	7	8	9	10	
1. General supervision	1					1					1
2. Planning and design	1					1					1
3. Construction of											
a. Foundation	1					1					1
b. Walls and columns	1					1					1
c. Roof	1					1					1
d. Floor	1					1					1
e. Stairs	1					1					1
f. Windows and doors	1					1					1
g. Finishing	1					1					1
4. Maintenance	1					1					1
5. Transportation	1					1					1
6. Miscellaneous	1					1					1
Total	10					10					10

TABLE D.
BIRTHS.

Births: Uncorrected Number 831. Net Number 837.
Rate 18.1 per 1000 population

	Notified by			Not Notified	Total	Stillborn	
	Doctors	Midwives	Parents			Notified by	
Legitimate { Male Female	156	226	18		400	11	10
	174	204	22	1	401	6	13
Illegitimate { Male Female	6	9	2	6	23		—
	7	5	1	—	13	—	1
Total { Male Female	162	235	20	—	423	11	10
	181	209	23	7	414	6	14
Grand Total	343	444	43	7	837	17	24
...							

Category	Total	Subtotal	Percentage	Total	Subtotal	Percentage
Category 1	100	50	50%	100	50	50%
Category 2	100	50	50%	100	50	50%
Category 3	100	50	50%	100	50	50%
Category 4	100	50	50%	100	50	50%
Category 5	100	50	50%	100	50	50%
Category 6	100	50	50%	100	50	50%
Category 7	100	50	50%	100	50	50%
Category 8	100	50	50%	100	50	50%
Category 9	100	50	50%	100	50	50%
Category 10	100	50	50%	100	50	50%

Category 100 100 100 100 100 100 100 100 100 100

Category 100 100 100 100 100 100 100 100 100 100

TABLE E.

Housing.

Number of new houses erected during the year :—	
(a) Total (including numbers given separately under (b))	691
(b) With State assistance under the Housing Acts :	
(i) By the Local Authority.	14
(ii) By other bodies or persons.	384
1. Unfit Dwelling-houses.	
<i>Inspection</i>	
(1.) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	249
(2.) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing (Consolidation) Regulations, 1925. ...	43
(3.) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. ...	13
(4.) Number of dwelling houses (exclusive of those referred under the preceding sub-head) found not to be in all respects reasonably fit for human habitation. ...	192
2. Remedy of Defects without Service of Formal Notice.	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers. ...	183
3. Action under Statutory Powers.	
<i>A.—Proceedings under section 3 of the Housing Act, 1925</i>	
(1.) Number of dwelling-houses in respect of which notices were served requiring repairs. ...	—
(2.) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners ...	4
(b) By Local Authority in default of owners ...	—
(3.) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close.	—
<i>B.—Proceedings under Public Health Acts.</i>	
(1.) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied. ...	66
(2.) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners ...	47
(b) By Local Authority in default of owners ...	—
<i>C.—Proceedings under sections 11, 14, and 15 of the Housing Act, 1925.</i>	
(1.) Number of representations made with a view to the making of Closing Orders. ...	8
(2.) Number of dwelling-houses in respect of which Closing Orders were made. ...	5
(3.) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit. ...	—
(4.) Number of dwelling-houses in respect of Demolition Orders were made. ...	—
(5.) Number of dwelling houses demolished in pursuance of Demolition Orders. ..	2

TABLE I.
Housing.

		Number of new houses started during the year—	
		(a) Total (including houses under construction at the end of the year)	(b) With State subsidies under the Housing Act
1. Local Dwelling-houses	(i) By the Local Authority	...	...
	(ii) By other bodies or persons	...	...
2. Remedy of defects without Service of Formal Notice.	Number of defects remedied in houses covered by a notice of formal notice under the Local Authority or Local Housing Board	...	...
	Action under Statutory Powers	...	...
3. Action under Statutory Powers	A—Action under the Housing Act, 1925	...	...
	B—Action under the Housing Act, 1936	...	...
4. Action under Statutory Powers	C—Action under the Housing Act, 1936	...	...
	D—Action under the Housing Act, 1936	...	...
5. Action under Statutory Powers	E—Action under the Housing Act, 1936	...	...
	F—Action under the Housing Act, 1936	...	...
6. Action under Statutory Powers	G—Action under the Housing Act, 1936	...	...
	H—Action under the Housing Act, 1936	...	...
7. Action under Statutory Powers	I—Action under the Housing Act, 1936	...	...
	J—Action under the Housing Act, 1936	...	...
8. Action under Statutory Powers	K—Action under the Housing Act, 1936	...	...
	L—Action under the Housing Act, 1936	...	...
9. Action under Statutory Powers	M—Action under the Housing Act, 1936	...	...
	N—Action under the Housing Act, 1936	...	...
10. Action under Statutory Powers	O—Action under the Housing Act, 1936	...	...
	P—Action under the Housing Act, 1936	...	...
11. Action under Statutory Powers	Q—Action under the Housing Act, 1936	...	...
	R—Action under the Housing Act, 1936	...	...
12. Action under Statutory Powers	S—Action under the Housing Act, 1936	...	...
	T—Action under the Housing Act, 1936	...	...
13. Action under Statutory Powers	U—Action under the Housing Act, 1936	...	...
	V—Action under the Housing Act, 1936	...	...
14. Action under Statutory Powers	W—Action under the Housing Act, 1936	...	...
	X—Action under the Housing Act, 1936	...	...
15. Action under Statutory Powers	Y—Action under the Housing Act, 1936	...	...
	Z—Action under the Housing Act, 1936	...	...

TABLE F. (1)
Work of Sanitary Inspectors for the Year 1925.
A. January to September.

	District	
	No 1.	No. 2
Total No. of Visits to Premises	2342	2571
Visits re Infectious and other Diseases ...	30	17
Premises disinfected after Infectious Diseases	38	25
Premises disinfected after other Diseases ...	16	23
House drains smoke tested	81	99
House drains water tested	74	147
Drains repaired, cleaned, etc.	79	36
<i>Inspection of Licensed or Registered Premises.</i>		
Factories, Workshops and Workplaces ...	51	37
Slaughterhouses	211	295
Dairies and Milkshops	59	103
Cowsheds	16	57
Bakehouses	43	48
Houses let in Lodgings	10	—
Common Lodging Houses	29	14
<i>Inspections</i>		
Butchers' Premises	381	535
Greengrocers' premises	44	86
Fishmongers' premises	101	126
Fish Market	4	—
Schools	17	13
Ice Cream Premises	25	33
Picture houses	—	—
Lavatories	17	98
Other premises	450	337
Inspections of work in progress ...	379	512
<i>Food and Drugs Acts.</i>		
Samples of Food, etc. taken	4	54
Milk tests (Gerber) carried out	10	6
Complaints received	—	—
Food destroyed	5973 lbs.	
<i>Nuisances and Defects.</i>		
Premises requiring repair	54	55
Premises requiring cleansing or Limewashing	43	37
Defective W. C. fittings	26	43
Defective yard surfaces	13	22
Defective eaves and downspouts	38	36
Defective sinks	27	17
Defective urinals	2	2
Defective manure pits	4	—
Animals improperly kept	1	10
Offensive accumulations	10	40
Overcrowding	—	—
Other nuisances	38	68
Informal Notices served	65	135
Informal Notices complied with	51	93
Statutory Notices served	11	34
Statutory Notices complied with	6	25

TABLE 1.1
WORKING SAFETY INSPECTION FOR THE YEAR 1972
A SUMMARY OF RESULTS

TABLE F. (2)
Work of Sanitary Inspectors for the Year 1925.
B. October to December.

	District		
	No. 1.	No. 2	No. 3
Total No. of Visits to Premises	673	634	898
Visits re Infectious and other Diseases ...	7	16	4
Premises disinfected after Infectious Diseases	7	10	7
Premises disinfected after other Diseases ...	8	5	12
House drains smoke tested	16	6	42
House drains water tested	19	—	23
Drains repaired, cleaned, etc.	25	7	12
<i>Inspection of Licensed or Registered Premises.</i>			
Factories, Workshops and Workplaces ...	11	2	7
Slaughterhouses	29	202	102
Dairies and Milkshops	29	61	27
Cowsheds	6	58	9
Bakehouses	20	2	21
Houses let in Lodgings	6	—	—
Common Lodging Houses	14	—	5
<i>Inspections</i>			
Butchers' Premises	130	13	230
Greengrocers' premises	23	21	45
Fishmongers' premises	30	7	65
Fish Market	2	—	—
Schools	6	—	6
Ice Cream Premises	—	—	—
Picture houses	2	—	—
Lavatories	9	21	21
Other premises	134	95	98
Inspections of work in progress	99	26	181
<i>Food and Drugs Acts.</i>			
Samples of Food, etc. taken	26	4	15
Milk tests (Gerber) carried out	—	—	—
Complaints received	—	—	—
Food destroyed	1522 lbs.		
<i>Nuisances and Defects.</i>			
Premises requiring repair	24	29	11
Premises requiring cleansing or Limewashing	23	15	7
Defective W. C. fittings	17	9	10
Defective yard surfaces	8	6	2
Defective eaves and downspouts	17	18	8
Defective sinks	8	3	2
Defective urinals	2	—	1
Defective manure pits	—	7	—
Animals improperly kept	—	—	6
Offensive accumulations	4	15	7
Overcrowding	—	8	—
Other nuisances	10	15	13
Informal Notices served	21	27	32
Informal Notices complied with	18	23	33
Statutory Notices served	—	—	9
Statutory Notices complied with	6	—	3

TABLE G.
Work Done under the Food and Drugs Acts.

Samples							
	Formal	Informal	Total	Genuine	Adulterated	Vendor cautioned	Vendor prosecuted
Milk	44	—	44	42	2	—	2
Chocolates	—	1	1	1	—	—	—
Butter	6	—	6	6	—	—	—
Beef Sausage	—	3	3	3	—	—	—
Pork Sausage	1	3	4	4	—	—	—
White Pepper	4	4	8	8	—	—	—
Margarine	3	—	3	3	—	—	—
Oatmeal	3	4	7	7	—	—	—
Lard	6	—	6	6	—	—	—
Gregory Powder	—	2	2	2	—	—	—
Liquorice Powder	—	4	4	3	1	1	—
Coffee	—	1	1	1	—	—	—
Plain Flour	2	—	2	2	—	—	—
Dripping	1	—	1	1	—	—	—
Cream of Tartar	—	1	1	1	—	—	—
Egg Substitute Powder	—	1	1	1	—	—	—
Baking Powder	—	1	1	1	—	—	—
	69	25	94	91	3	1	2

TABLE H.
Cases admitted to Alderney Isolation Hospital during the year 1925.

	Admitted from Borough	Admitted from other Districts	Died during the year	Total Number of Cases Admitted	Average Duration in Hospital days
Scarlet Fever	12	20	1	32	34
Scarlet Fever Carrier	—	1	—	1	55
Admitted as Scarlet Fever but proving to be otherwise	4	1	1	5	10
Diphtheria	32	17	3	49	37
Diphtheria Carrier	22	1	—	23	30
Admitted as Diphtheria but proving to be otherwise	2	1	—	3	2
Mumps	—	19	—	19	21
Measles	1	5	—	6	20
German Measles	—	2	—	2	21
Typhoid	—	1	—	1	45
Cerebro-Spinal Meningitis	1	—	1	1	5
Chicken Pox	1	1	—	2	14
Erysipelas	2	—	—	2	11
Ophthalmia Neonatorum	—	1	—	1	33
Total	77	70	6	147	—

TABLE I.

Cases of Infectious Diseases Notified during the Year 1925.

Notifiable Diseases	At All Ages	Number of Cases Notified								Total Cases Notified in each Locality					Total Cases Removed to Hospital
		At Ages—Years								St. James	Longfleet	Hamworthy	B'ksome	Parkstone	
		Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards	Ages not known						
Diphtheria and Membranous Croup	41	—	11	26	4	—	—	—	—	5	7	3	9	17	41
Erysipelas	13	—	—	—	1	6	4	—	2	2	2	—	4	5	2
Scarlet Fever and Scarlatina	12	—	—	10	2	—	—	—	—	2	3	—	3	4	12
Puerperal Fever	3	—	—	—	1	2	—	—	—	2	—	—	1	—	1
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis	1	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Polio-myelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	4	4	—	—	—	—	—	—	—	1	1	—	2	—	—
Pulmonary Tuberculosis	62	—	2	8	15	25	10	2	—	13	5	1	29	14	—
Other Forms of Tuberculosis	14	2	—	2	6	4	—	—	—	5	1	1	7	—	—
Tubercular Meningitis	1	—	—	1	—	—	—	—	—	1	—	—	—	—	5
Chicken Pox	91	3	31	45	3	3	—	—	6	21	11	17	24	18	1
Encephalitis Lethargica	2	—	—	—	—	1	1	—	—	—	1	—	1	1	—
Acute Influenzal Pneumonia	3	—	—	—	—	2	1	—	—	—	—	—	2	—	—
Acute Primary Pneumonia	8	—	—	—	4	3	—	1	—	2	—	1	3	2	—
	255	9	44	92	36	46	16	4	8	54	31	23	85	62	63

Date	Locality	Number of specimens of each species										Total	Remarks
		1	2	3	4	5	6	7	8	9	10		
1852	1	1	1	1	1	1	1	1	1	1	1	10	
1852	2	1	1	1	1	1	1	1	1	1	1	10	
1852	3	1	1	1	1	1	1	1	1	1	1	10	
1852	4	1	1	1	1	1	1	1	1	1	1	10	
1852	5	1	1	1	1	1	1	1	1	1	1	10	
1852	6	1	1	1	1	1	1	1	1	1	1	10	
1852	7	1	1	1	1	1	1	1	1	1	1	10	
1852	8	1	1	1	1	1	1	1	1	1	1	10	
1852	9	1	1	1	1	1	1	1	1	1	1	10	
1852	10	1	1	1	1	1	1	1	1	1	1	10	
1852	11	1	1	1	1	1	1	1	1	1	1	10	
1852	12	1	1	1	1	1	1	1	1	1	1	10	
1852	13	1	1	1	1	1	1	1	1	1	1	10	
1852	14	1	1	1	1	1	1	1	1	1	1	10	
1852	15	1	1	1	1	1	1	1	1	1	1	10	
1852	16	1	1	1	1	1	1	1	1	1	1	10	
1852	17	1	1	1	1	1	1	1	1	1	1	10	
1852	18	1	1	1	1	1	1	1	1	1	1	10	
1852	19	1	1	1	1	1	1	1	1	1	1	10	
1852	20	1	1	1	1	1	1	1	1	1	1	10	
1852	21	1	1	1	1	1	1	1	1	1	1	10	
1852	22	1	1	1	1	1	1	1	1	1	1	10	
1852	23	1	1	1	1	1	1	1	1	1	1	10	
1852	24	1	1	1	1	1	1	1	1	1	1	10	
1852	25	1	1	1	1	1	1	1	1	1	1	10	
1852	26	1	1	1	1	1	1	1	1	1	1	10	
1852	27	1	1	1	1	1	1	1	1	1	1	10	
1852	28	1	1	1	1	1	1	1	1	1	1	10	
1852	29	1	1	1	1	1	1	1	1	1	1	10	
1852	30	1	1	1	1	1	1	1	1	1	1	10	
1852	31	1	1	1	1	1	1	1	1	1	1	10	
1852	32	1	1	1	1	1	1	1	1	1	1	10	
1852	33	1	1	1	1	1	1	1	1	1	1	10	
1852	34	1	1	1	1	1	1	1	1	1	1	10	
1852	35	1	1	1	1	1	1	1	1	1	1	10	
1852	36	1	1	1	1	1	1	1	1	1	1	10	
1852	37	1	1	1	1	1	1	1	1	1	1	10	
1852	38	1	1	1	1	1	1	1	1	1	1	10	
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1852	40	1	1	1	1	1	1	1	1	1	1	10	
1852	41	1	1	1	1	1	1	1	1	1	1	10	
1852	42	1	1	1	1	1	1	1	1	1	1	10	
1852	43	1	1	1	1	1	1	1	1	1	1	10	
1852	44	1	1	1	1	1	1	1	1	1	1	10	
1852	45	1	1	1	1	1	1	1	1	1	1	10	
1852	46	1	1	1	1	1	1	1	1	1	1	10	
1852	47	1	1	1	1	1	1	1	1	1	1	10	
1852	48	1	1	1	1	1	1	1	1	1	1	10	
1852	49	1	1	1	1	1	1	1	1	1	1	10	
1852	50	1	1	1	1	1	1	1	1	1	1	10	
1852	51	1	1	1	1	1	1	1	1	1	1	10	
1852	52	1	1	1	1	1	1	1	1	1	1	10	
1852	53	1	1	1	1	1	1	1	1	1	1	10	
1852	54	1	1	1	1	1	1	1	1	1	1	10	
1852	55	1	1	1	1	1	1	1	1	1	1	10	
1852	56	1	1	1	1	1	1	1	1	1	1	10	
1852	57	1	1	1	1	1	1	1	1	1	1	10	
1852	58	1	1	1	1	1	1	1	1	1	1	10	
1852	59	1	1	1	1	1	1	1	1	1	1	10	
1852	60	1	1	1	1	1	1	1	1	1	1	10	
1852	61	1	1	1	1	1	1	1	1	1	1	10	
1852	62	1	1	1	1	1	1	1	1	1	1	10	
1852	63	1	1	1	1	1	1	1	1	1	1	10	
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1852	66	1	1	1	1	1	1	1	1	1	1	10	
1852	67	1	1	1	1	1	1	1	1	1	1	10	
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1852	70	1	1	1	1	1	1	1	1	1	1	10	
1852	71	1	1	1	1	1	1	1	1	1	1	10	
1852	72	1	1	1	1	1	1	1	1	1	1	10	
1852	73	1	1	1	1	1	1	1	1	1	1	10	
1852	74	1	1	1	1	1	1	1	1	1	1	10	
1852	75	1	1	1	1	1	1	1	1	1	1	10	
1852	76	1	1	1	1	1	1	1	1	1	1	10	
1852	77	1	1	1	1	1	1	1	1	1	1	10	
1852	78	1	1	1	1	1	1	1	1	1	1	10	
1852	79	1	1	1	1	1	1	1	1	1	1	10	
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1852	82	1	1	1	1	1	1	1	1	1	1	10	
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1852	85	1	1	1	1	1	1	1	1	1	1	10	
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1852	94	1	1	1	1	1	1	1	1	1	1	10	
1852	95	1	1	1	1	1	1	1	1	1	1	10	
1852	96	1	1	1	1	1	1	1	1	1	1	10	
1852	97	1	1	1	1	1	1	1	1	1	1	10	
1852	98	1	1	1	1	1	1	1	1	1	1	10	
1852	99	1	1	1	1	1	1	1	1	1	1	10	
1852	100	1	1	1	1	1	1	1	1	1	1	10	

TABLE I
List of specimens of the genus *Phyllonotus* collected during the year 1852.

TABLE J,

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories (Including Factory Laundries)	32	4	—
Workshops (Including Workshop Laundries)	187	9	—
Workplaces (Other than Outworkers' premises.	16	—	—
Total	235	13	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars (1)	Number of Defects			Number of offences in respect to which Prosecu- tions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness	29	29	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	1	†—	—	—
Other nuisances	7	7	—	—
Sanitary accommodation {	1	1	—	—
	3	3	—	—
	—	—	—	—
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s.101) ...	—	—	—	—
<i>Other Offences</i>	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)				
Total	41	40	—	—

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshops Act, 1901, as remediable under the Public Health Acts.

† 1 Outstanding.

TABLE 1.
Inspection of Factories, Workshops and Workplaces
Including 1 inspection made by Sanitary Inspectors or Inspectors of

Number	Inspected	(1)	(2)	(3)
Factories	1
(Including Factory Landfills)	0
Workshops	0
(Including Workshop Landfills)	0
Workplaces	10
(Other than Outworkers' premises)	10
Total	11

2 Defects found in Factories, Workshops and Workplaces

Number	Inspected	(1)	(2)	(3)
Want of cleanliness	2
Want of ventilation	2
Overcrowding	1
Want of drainage of floors	1
Other nuisances	1
Insufficient	1
Unsuitable or defective	1
of premises for use	1
Unsanitary accommodation	1
Unsanitary water supply and drainage	1
Unsanitary occupation of neighbourhood (e.g.,	1
to be closed	1
Electricity offered to connect to network and conduct	1
and the sections mentioned in the schedule to	1
the Ministry of Health (Factories and Workshops)	1
Transfer of power (other than)	1
Total	11

Inspection made by Sanitary Inspectors or Inspectors of Factories, Workshops and Workplaces

Part II.

Port Sanitation.

Port Medical Officer's Report.

The Port of Poole includes the landward area of waters enclosed by a line joining St. Alban's Head and Hengistbury Head.

The Medical Officer of Health for the Borough is also Port Medical Officer, and is assisted by Mr. P. W. Wheeler, Sanitary Inspector, who is also Inspector of Nuisances to the Port. Close co-operation exists between the officers of H.M. Customs, the Harbour Master and the Medical Officer's Department.

With the development of the Training Bank, and schemes for the deepening of the main channels, statistics of the tonnage of incoming vessels should provide a useful practical indication of the results achieved. The following figures give a summary of recent traffic returns:

Period	Incoming Vessels	Tonnage	Average Tonnage
Average 1910-13	1621	221551	136
1921	576	77460	135
1922	1085	160673	148
1923	1087	183697	169
1924	1141	190113	167
1925	1112	193782	174

The public quay accommodation consists at present of 2,000 feet frontage with 16 feet of water, and a further 1,500 feet frontage with 12 feet of water, at low water ordinary tides. The Harbour benefits from the proximity of the Isle of Wight in that the four tides caused by its lie enable vessels of maximum draught to enter or leave the Port during 16 hours out of 24.

The bulk of the traffic is with the Baltic Ports, Belgium, France, the Channel Islands and all British coast ports. Imports are chiefly timber, cement, stone, coal, cake, manure, oil, petrol, sugar, and general merchandise; and exports are clay, potteryware, stone, brick, hay, and agricultural products.

Many of the vessels are regular traders with the Port, and enter the Harbour several times during the year.

No vessels arrived direct at the Port during the year from a port infected with or suspected to be infected with Plague, Cholera, Yellow Fever, or Smallpox.

Two seamen on furlough to their homes, who were contacts on a smallpox-infected ship arriving at another British port, were kept under observation. They had both been recently vaccinated.

One foreign (Swedish) seaman applied for treatment under the

International agreement regarding Venereal Diseases, and was directed to the nearest Treatment Centre. Suitable notices are, under this Agreement, available for all crews arriving at the Port, being issued to the Captain at first call.

Sanitary defects were found on board 20 vessels. In all cases the defects were remedied after verbal notice.

All ships visiting the Port were clear of rats when inspected, and there was no call for fumigation.

Cholera, Plague, Yellow Fever, etc.

Facilities for preventing the spread of disease on board ship, and for cleansing and disinfection of verminous persons and their belongings are provided at Alderney and Baiter Isolation Hospitals in the Borough, the former of which is also the disinfecting and disinfestation station. A motor ambulance, kept at Alderney Hospital and in communication by telephone, is available for transport purposes. These arrangements are sufficient for ordinary contingencies.

There are no local facilities for communicating direct with incoming vessels by wireless.

Poole Oyster Fisheries.

The Harbour is closed for oyster fishing from 15th May to 30th September each year.

During the 1924-25 season the Poole oyster trade was virtually at a standstill. In the previous close season, the presence of sponges, ascidia and the slipper limpet, together with dense suffocating marine growths, on the Harbour bed and oyster grounds, had prevented the development of spatting.

Realising the inevitable consequences to the Poole Oyster Trade if this condition continued, the Poole Fishermen's Society put themselves at the service of the Poole Harbour Sub-Committee of the Southern Sea Fisheries District Committee in order to effect a systematic cleansing.

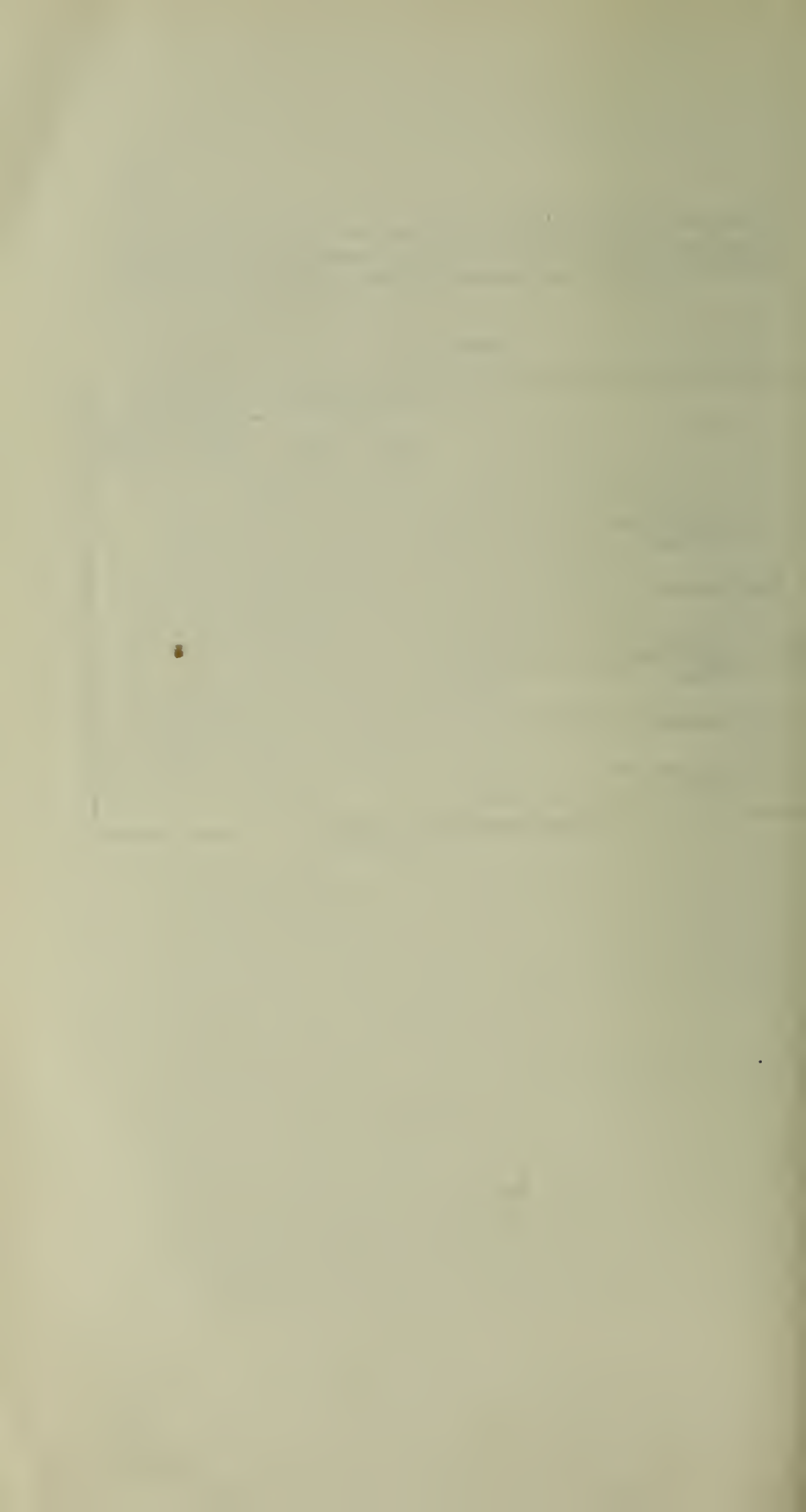
In spite of these energies, it was only possible to dredge oysters during the spring season for purposes of examination and test. With the October opening of the season, sanction was obtained for the dredging and relaying of half a million oysters.

Tests carried out in the Borough Laboratories on samples of those which had been relaid at the Shipstal Beds in the Arne Reach

of the Harbour showed them to have become by the process a clean marketable oyster. These results were confirmed by the Reports of the Bacteriologist of the Fishmongers' Company.

FORM A.

Shipping.	Number	Tonnage	Number Inspected		Number Reported to be Defective	Number of Orders Issued.
			By Port Medical Officer	By Port Sanitary Inspector		
FOREIGN {	Steamers ...	141 33123	5	59	1	1
	Motor Ves'ls	44 4412	—	} 47	2	2
	Sailing „	47 3181	3			
Total Foreign ...	232	40716	8	106	3	3
COAST-WISE {	Steamers ...	670 136819	1	245	8	8
	Motor Vessels	85 5991	—	} 92	9	9
	Sailing „	125 10256	2			
Total Coastwise ...	880	153066	3	337	17	17
Total Foreign and Coastwise ...	1112	193782	11	443	20	20



Part III.

Maternity and Child Welfare.

Maternity and Child Welfare.

LIST OF COMMITTEE.

The Worshipful the Mayor :

ALDERMAN H. S. CARTER, J.P.

Chairman :

COUNCILLOR MISS A. E. BRIGGS.

Vice-Chairman :

COUNCILLOR C. GREY-EDWARDS.

Members :

Aldermen :

L. D. BALLARD, J.P. G. W. GREEN, J.P. J. A. HAWKES, J.P.

Councillors :

A. E. BLACKBURN.	SIR G. A. DOLBY.
J. C. W. JULYAN, J.P.	H. G. LUCAS.
J. G. RIGLER.	

Co-opted Members :

REV. R. FAWKES.	MRS. FAWKES.
T. HITCHCOCK.	MRS. SANSON.

Introductory.

Child Welfare Work began in the Borough in voluntary form in 1908 with the Institution of the Poole Mothers' Association. In 1910 the lady Superintendent of this Association was also appointed Honorary Health Visitor to the Borough, and reported annually to the Council. In 1912, there were no fewer than twelve medical practitioners assisting in the activities of the voluntary Association. There were three Centres, as in 1908, and the voluntary services included facilities for expectant mothers in poor circumstances to obtain a cheap dinner, and to be allowed milk for themselves and for their baby. With the increasing confidence on the part of mothers and the amount of "following up" required, the Medical Officer of Health in 1913 advised the Council that a full-time Visitor should be appointed. In 1913 the Association Superintendent was receiving an honorarium of £10 per annum for her work for the Corporation, and in that year also a practical commencement was made in actual participation in Child Welfare work by the Public Health Department. In cases of urgency, mothers were allowed to bring their infants to the School Minor Ailment Clinic for advice.

A whole-time Health Visitor for Maternity and Child Welfare was first appointed late in 1916, a second in 1919, and since 1921 the two Health Visitors and the two School Nurses have had their duties equally divided between the School Medical Service and the Maternity and Child Welfare Service.

In 1920, an arrangement was made with the local General Hospital for the reception of suitable Maternity cases, and of cases of "wasting," congenital debility, threatened rickets, etc., in infants.

This was the position in 1921, when your present Medical Officer of Health introduced Municipal Ante-Natal, Post-Natal, and Infant Clinics proper as part of the routine work of the Department and in collaboration with the Voluntary Association.

The more the general physical condition of the community is studied, the more we try to probe into and to eradicate the causes which act as a drag on healthy adolescence, whether in the home, in the school, or in the factory, the further back we are driven in our search for a means to fight these root causes, until we are forced to the conclusion that it will not do to wait until the school age to commence investigation and treatment. The beginnings of defective eyesight, of defective teeth, of "mouth breathing," are to be sought for and counteracted in the infant.

The "adenoid face" is reflected in the Mother's bosom. It is not sufficient that the mother should breast-feed her baby. It is necessary that she should know the correct way to do it, and how she can keep herself fit to continue the process.

This is education, and education means not elementary lectures on Physiology, but "bringing out," as the word implies, what is latent in every expectant mother, the capability of rearing a healthy child on lines that nature, and not artifice, indicates.

But if the expectant mother herself is physically handicapped, should she be allowed to run unguided into a danger which may cost two lives ?

And, in so far as this work fails to reach that section of potential motherhood which is either too poor, too timid to seek advice, thoughtless, improvident, involuntarily ignorant, or unconscious of impending difficulty, so far will it fail in its purpose.

Organisation.

The Medical Officer of Health is also Medical Officer for Maternity and Child Welfare. Four full-time Health Visitors work on the district allotted to each, visiting the newly-born and children up to five years of age, giving advice to mothers and expectant mothers, referring them, when necessary, for medical advice either to a Practitioner or to a Clinic.

Ante-natal and Post-natal Clinics are held at the Poole School Clinic on Mondays at 4 p.m. and on Thursdays at 11 a.m.; and at the Branksome Council Buildings on Tuesdays and Fridays at 2 p.m., where expectant mothers, nursing mothers and their children, who for one reason or another do not attend either a family doctor or the Voluntary Association Centres, can interview the Medical Officer. The Health Visitors assist.

These Clinics, in conjunction with the home-visiting by Health Visitors, form a focus of investigation and assistance which leads in suitable cases to :—

- (a) reference to a General Practitioner, the out-patient department of a Hospital, a Dispensary, or a Voluntary Centre ;
- (b) the issue of milk or dried milk—free or at reduced rate, either for mother or baby ;
- (c) admission to the maternity ward of Cornelia Hospital for some ascertained or expected complication of pregnancy, or where normal confinement cannot, from lack of suitable accommodation, be safely carried out at home ;
- (d) admission to the infants' ward at Cornelia Hospital in suitable cases of debility, wasting, etc. ;
- (e) admission to the Isolation Hospital in suitable cases of Puerperal Sepsis or Ophthalmia Neonatorum.

Acting in close co-operation with the Health Department, the Borough of Poole Maternity and Child Welfare Association, formerly

the Poole Mothers' Association—an old established body of voluntary workers—is a valuable asset in the advancement of health in the town. It is subsidised by the Borough Council, has the advantages of the services of five local practitioners, and two dental surgeons, and the assistance of the Borough Health Visitors, who, with a salaried Superintendent (C.M.B.) and many voluntary helpers distribute their energies over five Clinics and Schools for Mothers, in the Poole, Longfleet, Newtown, Branksome and Heatherlands districts.

Recovery of Cost of Maternity and Child Welfare Hospital Services.

Maternity Cases coming under the Scheme are of two kinds, (1) emergency, and (2) anticipated.

Bearing in mind that the principal involved is the reduction of maternal and infant mortality, emergency cases are admitted to Hospital on representation by a Medical Practitioner in attendance to the Medical Officer of Health that the case is a suitable one, and one in which delay would endanger the life of mother or of baby or of both.

After admission, enquiries are made in all these cases at the home (and if necessary from the husband's employer) by a Health Visitor, as to nature of husband's employment, total income, whether entitled to single or double maternity benefit, number in family, number of rooms in house, rent, etc.

It is found in some cases that a considerable doctor's bill has already been incurred, before the decision to seek admission into hospital is made.

With the qualification that poverty is not to be a bar to admission, it is obviously difficult to lay down a fixed basis which could equably be applied to any two successive cases. With a known fixed scale, many cases would be deterred from undertaking the expenditure, preferring to take the risk under home conditions.

The maternity grant, where earned, is in all cases taken as part payment.

In anticipated cases, i.e., those which by visits to ante-natal clinic have been found to offer possibility of difficulty or danger, or where home accommodation is inadequate or unsuitable, the above Health Visiting scheme of enquiries is applied, and a signed agreement as to the husband's preparedness to pay the whole, or any part adjudged by the Medical Officer of Health, of the Hospital expenses, is obtained before admission of the case.

Experience, however, has shown that cases expected to be normal have ultimately presented some complication which has necessitated the retention of the case, not for the usual fortnight, but for four or five weeks.

An anxious husband may have been quite honestly attempting to save up for the expected expenditure—having tried to ascertain what that is likely to be—and having signed his agreement on that basis he cannot with justice be bound by his agreement when the bill to be presented to him is perhaps more than doubled.

Hence the only satisfactory rule is that every case should be taken on its merits.

In *Child Welfare Cases* the financial condition of the parents is ascertained to be such as to preclude the possibility of the child receiving the required treatment in ordinary course.

There remains, however, the class of case still deserving of treatment on the principle of life saving, where the parents either through ignorance, inexperience, indifference or thriftlessness, would defeat the principle if left on their own responsibility for the welfare of the child.

It results that the income side of the account in this respect usually remains negligible.

Work Done Under the Borough Scheme.

The Medical Officer of Health and the four Health Visitors have carried out the following work during the year.

(1) *Home Visiting.* The Health Visitors, and the Medical Officer where considered necessary, have paid 277 visits to 98 expectant mothers, and 9,316 visits to infants and children under school age.

(2) *Ante-natal, Post-natal and Infant Welfare Clinics.* The Medical Officer personally attends all Clinics. At these, advice, and, where advisable, treatment, have been given to 173 expectant or nursing mothers, who made 897 visits to the Clinics; to mothers on behalf of their children in 334 individual cases, who made 2,336 clinic visits.

There has also this year been established at Cornelia Hospital, on Thursday forenoons, an ante-natal clinic, at which the expectant mothers who are waiting admission to the Maternity Ward under the Scheme meet, and are examined by, the Obstetrician who will attend them during their stay in the Ward.

In the ante-natal care of mothers, examination of urine is made every three weeks in the last three months. 103 such examinations were made in all.

The conditions dealt with amongst the children were as follows:

			Poole	Branksome
Developmental	...	...	30	13
Circulatory	...	...	4	5
Respiratory	...	...	33	26
Alimentary	...	...	61	84
Genito-Urinary	...	...	7	10
Ears	...	...	4	7
Mental	...	...	5	4
Bones and Joints	...	...	12	13
Skin	...	...	36	23
Eyes	...	...	19	9
Glandular	...	...	4	4
Infectious	...	...	16	21
Nervous System	...	...	1	1
Injuries	...	...	4	7
Miscellaneous	...	...	1	3
In good health	...	...	36	15

(3) *Issues of Milk and Dried Milk.* In certain cases and under close supervision, dried milk is sold at cost price for use of infants where for definite reasons the mother's milk is not available, or where seasonal conditions render ordinary cow's milk undesirable. This part of the Scheme is self-supporting, but no profit accrues. 40 mothers benefited by this arrangement.

Cows' milk at reduced rates, or free issues of cows' milk, are allowed—in all cases to the amount of one pint per individual per day—where the household income does not exceed a sliding scale approved of by the Ministry of Health. It has been granted, usually in four-weekly periods and renewable, in 119 cases.

In 23 cases the issues commenced with those expecting to become mothers within three months, and about 45 mothers nursing their infants whose breast milk showed signs of insufficiency.

In 56 cases the milk was continued for the direct benefit of the infant, where for an ascertained reason the mother's milk was not available or suitable.

In 16 cases, the issue was carried into the second year, where home conditions were handicapping the child.

(4) *Hospital Services for Maternity and its Complications.* Accommodation is provided at Cornelia General Hospital and at the Borough Isolation Hospital (for Puerperal cases).

In 1925, 58 cases were admitted, as compared with 19 in 1924. 38 of these were cases of emergency or anticipated complication. There were three deaths, two maternal and one infant. Particulars are to be found on opposite page.

Under this part of the Scheme, £193 was recovered from the patients during the year, an average of £3 7s. 0d.

(5) *Hospital Treatment under Child Welfare Scheme.* Seven infants and young children have received attention as in-patients at Cornelia Hospital. Details are to be found on next page.

HOSPITAL ADMISSIONS.

Maternity.

No.	Nature.	No. of Deliveries.		Deaths.				Abortions.	
		No. of Deliveries.		Maternal.	Infantile		Stillbirths		
		M	F		M	F	M		F
3	Albuminuria ...	2	1	—	—	—	—	1	
9	Slight contracted Pelvis ...	5	4	—	—	—	—		
2	Marked contracted Pelvis. (Induction)	2	—	—	—	—	—		
1	do. do. (Caesarian Op.)	—	1	—	—	—	—		
1	Anasarca and Varix ...	1	1	—	—	—	—		
4	Antepartum Haemorrhage ...	2	2	1	—	1	—	1	
2	Hyperemesis ...	—	2	—	—	—	—		
5	Abnormal Presentation ...	—	5	—	—	—	—		
3	Post-operative Pregnancy ...	1	2	—	—	—	—		
1	Pre-eclamptic Toxaemia ...	—	1	—	—	—	—		
1	Prolapse and Varix ...	1	—	—	—	—	—		
1	Malignant Disease ...	—	1	—	—	—	—		
3	Expected Complication ...	3	—	—	—	—	1		
20	Accommodation ...	8	12	—	—	—	—		
1	Puerperal Fever ...	—	—	—	—	1	—		
		25	32	2	1			2	
58									

Infants.

Provisional Diagnosis.	Discharged.			Remaining in	Died	Total
	In Good Health	Improved	No Improvement			
Prematurity ...	1	—	—	—	—	1
Congenital Debility ...	2	—	—	—	—	2
Marasmus ...	—	2	—	—	1	3
Malnutrition and Paresis ...	1	—	—	—	—	1
Total	4	2	—	—	1	7

(6) *Boarded-Out Children.* Supervision of these was carried out by this Department, by arrangement with the Board of Guardians, up till July, 1925. The Health Visitors, in their capacity as Infant Care Protection Officers, had supervision, under the Medical Officer, of all boarded-out children in the Borough. In August the work was taken over by the Board of Guardians, and placed in the hands of a Protection Officer appointed especially for the purpose.

Ophthalmia Neonatorum.

This threatened blindness in the newly-born child from a damaging infection of the eyes was found in four infants from 6 to 10 days old. All the cases were slight in themselves, although one of the infants died some months later from an intercurrent illness.

That the incidence of this disease is being well held in check is shown by the fact that since 1921 the number of cases annually has been 21, 9, 5, 4 and 4 respectively.

Treated.		Result.		
At Home.	At Hospital.	Vision Unimpaired.	Vision Impaired.	Total Blindness.
3	1	4	—	—

Midwives.

The midwives practising in the Borough are under the supervision of the County Council, to whom they make the reports necessary when difficulties occur in the course of their work.

The recent stiffening-up of the regulations requiring the actual presence of a qualified medical attendant where an uncertified "maternity nurse" only has been engaged for the birth is showing good results.

During 1925 there were ten qualified midwives practising in the Borough, while one, ordinarily resident in London, "takes Christian Science cases in Dorset occasionally."

Of the total of 837 births during the year, 444 were notified by midwives.

Voluntary Work.

The Borough of Poole Maternity and Child Welfare Association. The workers of this Association, which is subsidised by the Borough

and is under the guidance of the Medical Officer and the Health Visitors, continue to give most valuable support to the aims of the Municipal scheme.

Drs. Hutton and Nicol, and Drs. Laura Horne, Dorothy Fenwick and G. M. Pratt, have held during the year 113 medical consultation clinics, at which 3,610 attendances were made by 449 infants and young children. 367 mothers made 5,875 attendances at the 5 Centres, where 102 Health Talks were given, amongst the other activities of the Association. In the "Toddlers'" Nurseries there were 5,631 attendances. The Superintendent paid 1,536 visits to homes.

Other Activities.

Dorset Red Cross War Memorial Childrens' Hospital, Swanage.

Through the agency of the local Honorary Representative—Miss Budge—eight "toddlers" and 14 children of school age were admitted to this Hospital, mostly debilitated conditions following prolonged illness. Two children remained in throughout the year. The remainder made an average stay of eight weeks.

The parents contributed, in accordance with their means, towards the cost of maintenance in 13 instances.

Unmarried Mothers. A Home for Rescue and Preventive work, for girls awaiting confinement, and for unmarried mothers with their infants, with 4 beds and 4 cots, is maintained by voluntary help at "Oak Tree Lodge," Pottery Road, Parkstone.

In its Rescue and Preventive work, 80 Poole girls have during 1925 been visited and helped in various ways, 34 of these eventually passing through the Home.

In seven cases, maternity arrangements were provided for by the Home, one being a still-birth.

Illegitimate Infants. "Fairholm," Commercial Road, Parkstone, is a Home capable of accommodating 23 infants, receiving an annual grant from Government funds, and subject to the supervision of the Medical Officer of Health.

The total number admitted during 1925 was 26, of whom 6 were children whose mothers belong to the Borough. The mothers pay for the upkeep of the baby, while at work.

Infantile Mortality.

The total loss of infant life amounted in 1925 to 60. This gives a rate of 71.7 deaths out of each 1,000 births, the corresponding rate

for 1924 being 66.3. The rate for England and Wales has been 75 for the past two years.

Examination of Table C., which enumerates the causes of death in infants for the year, as certified by the medical attendant in each case, shows that 30 out of the total 60 deaths were directly or indirectly due to some ante-natal cause affecting the mother, which prevented the children from entering the world with a fair chance to survive.

27, or 45 per cent. of the whole, did not survive for one month, and are described as neo-natal deaths. Each year one-half of the infants die thus in their first month.

There were 837 live births, of which 36 were illegitimate. The 5 deaths amongst the latter represent a rate of 139 deaths per 1,000 births.

There were also 41 still-births not included in the above figures, and these have to be added to the toll of infant life sacrificed to abnormal antenatal maternal conditions. So that altogether 71 potential lives were lost on this account. In 1924 the figure was the same.

Deaths of Children from 1 - 5 years.

I have considered it of sufficient interest to repeat a series of figures which I included in last year's Report in an attempt to gauge the value of criticism levelled generally at Infant Welfare Schemes, Clinics, Hospitals, and other endeavours to reduce the wastage of infant life, that such endeavours only postpone death to the next age group, and prolong the life of the infant for a relatively short period at relatively great cost.

The following table shows, when columns 5 and 8 are compared, that in the period since 1907

the number of infants included in each 100 deaths yearly has fallen from about 18 to about 11, or approximately 39 per cent. :

the number of young children from one to five years of age included in each 100 deaths yearly has fallen from about 9 to about 4, or approximately 56 per cent.

In reply to the criticism, it would appear that there are some factors at work—of which maternity and child welfare work may be considered an integral part—which result in the improved chance offered to infant life being passed on enhanced to its next five years,

Year.	Popula- tion.	Births.	Deaths under 1 year.	Per cent of Total Deaths.	Deaths 1-5 years.	Mean Deaths 1-5 by four- yearly groups.	Per cent of Total Deaths.	Deaths over 5 years.	Per cent of Total Deaths.	Total Deaths.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1907	32518	895	68	16.3				316	75.8	417
1908	33217	880	87	19.4	43			318	71.0	448
1909	33524	933	83	17.8	40			343	73.8	466
1910	34168	884	73	16.8	43			318	73.3	434
1911	39102	936	118	21.6	45	42.75	9.0	384	70.2	547
1912	40386	918	81	17.7	28	39.00	8.2	348	76.1	457
1913	41066	910	75	16.6	23	34.75	7.4	354	78.3	452
1914	41889	883	68	14.1	38	33.50	6.9	375	77.9	481
1915	42800	812	76	14.6	38	31.75	6.6	406	78.1	520
1916	42331	840	64	12.0	43	35.50	7.1	428	80.0	535
1917	42335	690	58	11.0	40	39.75	7.7	432	81.5	530
1918	43829	680	55	9.4	36	39.25	7.2	491	84.4	582
1919	41100	769	48	9.1	21	35.00	6.4	458	87.0	527
1920	43400	1024	77	16.4	13	27.50	5.2	381	80.9	471
1921	43649	951	70	13.4	9	19.75	3.8	442	84.8	521
1922	43250	865	69	11.1	32	18.75	3.5	522	84.1	623
1923	43860	845	51	9.8	18	18.00	3.4	454	86.8	523
1924	45150	814	54	10.3	21	20.00	3.9	450	85.7	525
1925	46150	837	60	11.1	20	22.75	4.2	462	85.2	542

Maternal Mortality.

Three mothers died during the year from Puerperal Fever, and three mothers were notified as having died from complications of childbirth. All were between the ages of 20 and 45—a heavy toll of useful life, and one which might be considerably lessened with a wider appreciation of the advantages of antenatal advice.

Five Years' Survey.

Table MC. summarises the position of the Borough as affected by the increase of the population by births occurring in the Town. The first impression gained from considering the figures is that things are very much the same as they were, that there is not much progress to record.

But it must not be forgotten that in the past thirty years marked improvement in the saving of infant life has been obtained. In England and Wales the total number of infants lost out of each 1,000 births has come down from 150 to 75. In some respects we must be content now with advance by decimal points.

The practical study of Public Health and Hygiene is carrying us forward from the consideration of death rates in old age, through

adult life, to school life, from school life to infant life, and the more we search for the current of avoidable wastage of life, the more we find that antenatal conditions in the mother provide one of the chief sources.

In the Borough of Poole in the last five years there were 180 still-born babies, and 168 babies who died in their first year from some cause definitely attributable to an abnormal maternal condition prior to their birth; 348 potential lives lost in 5 years from a state in the mother which prevented her from satisfactorily carrying out a natural physiological function.

Still-births are not counted as infantile deaths. But they are just as surely potential lives lost as is the death of premature infant in its first week. So that, while we obtain gratification from the 50 per cent. saving in infant life which has occurred in the country generally, our satisfaction is chilled by the fact that these antenatal and what might be called "sub-natal" deaths, are not decreasing from year to year.

It would be futile to suggest that any form of organised Health activities could hope to wipe out this wastage. There are too many factors at work, human nature included. But what we can hope for is that the development of accessible Centres for antenatal advice, and of maternity facilities freed from the anxieties and difficulties of awkward home conditions, with advisers whose personality and experience can spread mutual and general confidence, will result that the girl of today, who has grown to girlhood with a more active appreciation of the laws of Health and Hygiene, may in her motherhood be spared many of the avoidable mischances of the past.

TABLE MC.
MATERNITY AND CHILD WELFARE,
1921—1925.

Births.				Deaths.					Work under Municipal Scheme.					Ophthalmia Neonatoru	
Total Live.	Illegitimate Live.	Still.	Maternal.	Total Infant.	Infant deaths due to Antenatal Causes.	Deaths under 1 month.	Total Infant Rate per 1000 births.	Rate for England and Wales.	Hospital Maternity Cases.	Hospital Infant Cases.	Municipal Clinic Consultations.	Voluntary Association Consultations.	Milk Issues.		
21	951	42	22	2	70	36	46	73.6	83	16	32	755	2806	241	21
22	865	38	43	4	69	33	33	79.7	77	19	32	2519	3100	182	9
23	845	28	36	2	51	36	26	60.0	69	21	11	2554	2972	153	5
24	814	28	38	5	54	33	35	66.3	75	19	9	2614	2916	93	4
25	837	36	41	6	60	30	27	71.7	75	58	7	3233	3610	119	4

Part IV.

School Medical Service.

School Medical Service.

LIST OF EDUCATION COMMITTEE, 1925.

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PREFACE.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have the honour to submit my fifth Annual Report on the School Medical Service of the Borough.

The year 1925 compares unfavourably with its immediate predecessors, in the general standard of juvenile health. Every few years certain infectious or contagious illnesses, such as Measles and Whooping Cough, recur and cause considerable absenteeism in the elementary schools. The year 1925 did not escape ; hence the fall in average attendance from 89.6% to 86.9%.

As to the School Medical Service proper, the last five years have seen developed in the Borough, through your activities, a scheme which, so far as it goes, meets all the requirements of the Ministry of Health.

The extensions of the scope of the scheme which are now engaging your attention include the provision of

- (1) Special-class accommodation for the dull and backward child and for the higher grade of the feeble-minded ;*
- (2) Open-air school accommodation for the constitutionally weak child ;*
- (3) An orthopædic scheme for dealing with crippling defects.*

On these points I have already made preliminary representations to you in Committee. I hope that it will soon be found possible to report upon them as integral parts of the School Life of the Borough.

To all who have assisted in the work, whether in Council, in the Schools, in Clinic or in Office, I again tender my thanks.

I am,

Your obedient Servant,

R. J. MAULE HORNE,

School Medical Officer.

April, 1926.

Preliminary.

There are in the Borough fifteen Elementary Schools, with a total of 34 Departments. The accommodation is for 6,553 children, and there were 6,200 names on the registers at the end of the year, as compared with 6,116 in 1924.

The fact that the School Medical Officer is at the same time Medical Officer of Health, in charge of the Borough's Maternity and Child Welfare Scheme, and Medical Superintendent of the Borough Isolation Hospitals, admits of a unification of control, a continuity of effort, and a possibility of "following-up," which becomes more difficult of achievement in a community of larger numbers.

A School Medical Service is firstly preventive, secondly advisory, and thirdly remedial. In its preventive aspect, its function is to keep healthy children well, and to safeguard them where possible from unhealthy contact. In its advisory aspect, its function is to detect incipient or unknown ill-health in the school child, and to direct it to its proper curative guide, the family doctor. The remedial aspect takes shape in two forms—(a) to deal with such minor ailments as do not in themselves demand a doctor's services, but which, if left uncontrolled, may ultimately become more serious, to the detriment of educational progress, and (b) to organise a scheme of treatment for crippling defects of a more specialised nature, which, though requiring expenditure prohibitive in many individual cases, yet when so organised can be economically brought within the reach of all whose health would benefit by its application.

As being special in nature, the defects require specialised treatment, hence the co-operation in the scheme of the services of the local specialists in each sphere—the Eye, the Nose and Throat, the X-Ray, and the Dental Specialist.

To carry the service into effect in as complete a manner as possible, the work is sub-divided into :—

- (1) Routine and Special Inspections by the School Medical Officer, the School Nurse, and clerical assistance.
- (2) Class-by-class inspections by School Nurses.
- (3) Clinics for advice and treatment.
- (4) Following up.

Medical Inspections. To systematise this work, all children at entrance and at fixed age periods in their curriculum are thoroughly examined. Parents are in all cases invited to be present. Children who are found to have some definite defect or defects are scheduled as "specials" for re-examination every three months, unless in the meantime the defects which can be so corrected have been attended to either by the parents' arrangements with the family doctor, or by means of the School Clinic system in operation.

These medical inspections apply at present to Elementary Schools only.

Class-by-class Inspections. The School Nurses visit Schools periodically for the purpose of making rapid surveys of general scope, such as personal cleanliness, to detect undesirable, contagious or possibly infectious conditions, and to act generally in co-operation with the School Staff in preserving the general health tone of the Schools.

Clinics. Facilities for advice and treatment are provided as follows :—

(a) *Minor Ailment Clinics.*

(i) Poole Council Buildings. Each School day at 9 a.m.

(ii) Branksome Council Buildings. Each School day at 9 a.m.

Every child sent to the Clinic by General Practitioner, by School Head, by School Attendance Officer, or by Parent, is seen by the School Medical Officer, who determines whether each is a suitable case for clinic treatment, and if so, arranges for treatment accordingly. If the defect is of a special nature, calling for the services of a specialist, the child in course receives attention at one of the following operative Clinics :—

(b) *Dental Clinic.* Poole Council Buildings : Mondays, Wednesdays and Fridays, 2 p.m.

(c) *Eye Clinic.* Cornelia Hospital : each Tuesday and Friday morning at 10.45 a.m.

(d) *Nose and Throat Clinic.* Cornelia Hospital : each Thursday morning at 11 a.m. ; with in-patient accommodation for such cases as are considered suitable for retention in Hospital.

(e) *X-Ray Clinic for Treatment of Ringworm.* Cornelia Hospital : each Monday afternoon at 4.30 p.m.

For the abnormal child—the dull and backward, the deaf, the blind or partially blind, the cripple and the mentally defective—the aim is to arrange in suitable cases for admission to a special class, School or Institution, where the child's disability may present the minimum of disadvantage to himself and those around him, and offer the best chance of progress.

Following-Up. This is one of the most important and necessary parts of the work.

At the periodical medical inspection in school, certain children, whom for a special reason it is desirable to see again, are distinguished as "specials." These re-appear at the next three-monthly inspection. The reason may be that the mother has ex-

pressed her desire to have the teeth, eyes, throat or other defect which has been pointed out to her attended to under her own arrangements, or the defect seen may give indication of being of a temporary nature. Or again, the condition may be one that a few visits and advice from the School Nurse can rectify.

Unaccountable absences from School are followed up by the School Attendance Officers. Many of these absentees are subsequently referred to the Clinics.

General Review of School Medical Examination.

During the year 598 Entrants, 505 children of the age of 8 (Intermediates), and 557 children of the age of 12 (Leavers) were examined by the School Medical Officer—a total of 1,660, as compared with 1,650 in 1924.

In addition, 3,856 special School and Clinic inspections were made, with 10,035 subsequent re-inspections—a total of 13,891 as compared with 13,496 in the previous year.

Apart from this, the School Nurses paid 295 "Rapid Inspection" visits to Schools, covering in these inspections 31,986 children, and passing on to the Clinics for necessary advice or treatment 475 of the children seen.

1,024 visits were made to the homes of School children in connection with the occurrence of infectious diseases.

In the work of "following-up," visits to the home were made as follows:—

For Uncleanliness	...	125
Diseases of Skin	...	57
Diseases of Eye	...	44
Diseases of Ear	...	11
Diseases of Nose and Throat	...	120
Dental Defects	...	33
Throat and Chest	...	92
Alimentary System	...	27
Injuries	...	14
Mental Defects and Epileptics	...	43

Clothing and Footwear. Of 1,660 children examined, 5 were found definitely unsatisfactory in this respect.

Nutrition. 41 of the 1,660 could be described as below par to such an extent as to render the way easy for permanent or chronic ill-health.

The proportion has remained constant for some years.

Uncleanliness. 48 of the 1,660 children were found to have nits of the head-louse in their hair. 114 had prominent marks of the

bites of fleas, and 9 were infected with the body-louse. In many both of these conditions were present. This leaves much to be desired, and it is to be hoped that as the young generation grows up education in personal cleanliness will help to remove this stigma.

Teeth. The figures given below are the results of the School Medical Officer's inspection, not of the Dental Specialists, and are given to show the general trend of the results.

Percentage with	1921	1922	1923	1924	1925
All teeth sound	39.5	44.5	42.1	38.8	40.4
1—3 defective	40.5	35.3	38.8	39.0	42.7
4 or more defective	20.0	20.2	19.1	22.2	16.9

The round 20 per cent. at the bottom of the scale are to a great extent "irreconcilables," who are likely to remain in spite of advice and teaching.

Apart from these irreconcilable objectors, inspection shows that even by the age of five years the temporary teeth have been the victims of injudicious training and diet to such an extent as seriously to interfere with successful effort on the part of the Dentists to preserve them.

Education of the parent in the sphere of child welfare has not up to the present penetrated sufficiently with regard to suitable diet for and care of the milk teeth.

The following figures for the year show both the high ratio of decay in the young children and the desirable results of the Dental Scheme in the older scholars.

	Entrants	Intermediates	Leavers	Total
Examined	598	505	557	1660
Teeth sound	259	151	261	671
1—3 decayed	203	237	269	709
4 or more decayed	136	117	27	280

Skin. No instances of Ringworm, Scabies or Impetigo were found. Only 4 minor skin defects were detected. This is a marked advance, as all the conditions mentioned have been discovered in previous years up to 1923.

Eyes. 157 of the 1,660 children examined had defective vision while 7 had squint.

The proportion is lower than the previous year, and improves gradually from year to year.

Ears. Two of the children examined had some degree of deafness, but not to a degree to hamper their progress in an ordinary school.

A history of intermittent Otorrhoea was found in 10.

Nose and Throat. 357 of the 1,660 children showed unhealthy Tonsils, and in 28 cases definite Adenoid growths also existed.

It is a noticeable feature that, where the derangement of the tonsils was not due to a temporary cold or sore throat, the more aggravated and chronic enlargement in most cases coincided with a mouthful of bad teeth.

Enlarged Glands in the Neck. 141 children out of 1,660 were found on examination to have glands which were then or had lately been reacting to some unhealthy condition of scalp, ears, throat or teeth.

Defective Speech. 3 cases of stammering, of mild degree, were found.

Heart and Circulation. 5 children suffered from Organic Heart Disease, while a further 40 showed a functional derangement.

19 had a noticeable degree of anaemia.

Lungs. 40 of the 1,660 children were subject to recurrent Bronchitis. 11 could be described as "pretubercular" and suitable for an Open-Air School.

Nervous System. One case of mild Epilepsy, and one of Chorea were examined.

Deformities. Among the 1,660 children, 5 suffered from a slight form of Rickets, and 2 from Spinal Curvature.

Vaccination. Efficient vaccination is taken as being achieved by 3 or more marks. In 1925,

of 598 children under 8, 10.7 per cent. were found efficiently vaccinated, 84.4 per cent. entirely unvaccinated ;

of 505 children of 8—9, 14.5 per cent. were found efficiently vaccinated, 80.4 per cent. entirely unvaccinated ;

of 557 children of 12 years, 17.9 per cent. were found efficiently vaccinated, 75.5 per cent. entirely unvaccinated.

Attendance of Parents. The parents of all children are requested to attend at the inspections, so that in cases of abnormal conditions an accurate history of the defect can be ascertained, and suitable advice given.

Interest taken by the parents in this work for the maintainance of the health of childhood increases from year to year, especially at the first examination.

Percentage of Attendance of Parent or Guardian.

	1921	1922	1923	1924	1925
Entrants	41.0	56.0	58.6	67.5	63.3
Intermediates	19.7	30.0	42.6	36.0	44.0
Leavers	10.4	19.0	21.7	20.0	25.3

Minor Treatment and Operative Clinics.

Uncleanliness in Head. in the form of nits or vermin, was dealt with in 125 children. In many the condition showed great neglect. 57 of these children had to be excluded from School, with subsequent loss of grant. 4 fines were inflicted.

Two Sacker combs are kept in the Clinics, and were lent out to 43 suitable cases.

Skin Conditions. *Ringworm of the Hair* was detected in 20 cases, the same number as 1924. 5 of these were subjected to X-Ray treatment at Cornelia Hospital. All the others proved amenable to Clinic treatment.

Ringworm of the Body was found in 34 cases, there being 32, 44 and 54 cases respectively in previous years.

Scabies or Itch has diminished, appearing in 13 children, compared with 22, 40 and 66.

Impetigo and Septic Bruises and Sores numbered 523 cases. The zeal of the School staffs in making use of the Clinic while the condition is still trivial is much appreciated by the Department, and is to be encouraged.

Nose and Throat. 71 children with unhealthy tonsils and adenoid growths were dealt with through the School Clinic. These include cases referred from the School Medical Inspections.

49 of these received operative treatment at Cornelia Hospital under the Borough Scheme, compared with 50 in 1924.

Defective Teeth. 175 children voluntarily attended the Minor Ailments Clinic for dental treatment, on account of their teeth. This is continued testimony to the popularity of the Clinic for a usually distasteful proceeding.

The Dental Surgeons inspected at the Schools 4,782 children, of whom 3,073 were ascertained to require treatment. Altogether 3,248 children were referred to the Dental Clinic, and 1,514 actually attended and received treatment, 46.6 per cent. of the whole.

There is not included in these figures a proportion of children whose parents, on the information and advice gained by the inspections, obtained dental treatment otherwise than through the School Dental Clinic.

Analysis of the ages of children inspected by the Dental Officers, and the proportion requiring treatment, is given below.

Ages	5	6	7	8	9	10	11	12	13	14	Total
Inspected Referred for treatment	382	452	421	520	675	642	582	602	478	28	4782
	223	320	315	390	471	376	338	347	274	19	3073
Percentage requiring treatment	58.4	70.8	75.0	75.0	70.0	58.6	58.1	57.6	57.3	68.0	—
Percentage in 1924	—	71.0	68.7	76.6	68.1	65.7	60.2	52.1	64.6	—	—

Visual Defects. The number of children referred to the Refraction Clinic at Cornelia Hospital from all sources was 229.

A further 293 children who had in previous years been provided with glasses were notified to attend for a re-test, and 231 actually attended for re-examination of their sight.

Of the above, spectacles were prescribed for 183, of whom 140 took advantage of the Borough Scheme to obtain glasses or new glasses—a proportion of 76.5 per cent.; as compared with 63.5 per cent. in 1924. 7 other children are known to have had glasses provided from other sources.

After provision of spectacles, parents are advised to bring the child to the School Clinic, so that the fit and suitability of the glasses may be confirmed.

Chest Conditions. 35 cases of "Pre-Tubercular" type were taken under supervision. For these and for another 145 already classed as suitable, the provision of an Open-Air School would mean a better chance of improvement, both in health and in education.

40 subjects of Bronchitis were also dealt with.

Abnormal Children. Table III gives particulars of all exceptional children of School age. I am glad to be able to record that a Scheme is now receiving your attention, which will include, so far as is found possible under local conditions, consideration of the provision of orthopaedic treatment for suitable crippling conditions, Special Classes for the merely dull and backward—victims mostly of constitutional defects—and for the higher grades of feeble-minded children, and an Open-Air School for the physically hampered child.

Irregular Attendances. Under the School Attendance Byelaws, 67 appearances were made before the magistrates to account for delin-

quency. Two boys and one girl were sent to an Industrial School, fines were inflicted in 41 cases, and 17 cases were dismissed. Some unsatisfactory cases are included more than once in these figures.

Part-Time Employment. 87 certificates under the Employment of Children Act, 1903, and the Education Act, 1918, have been issued to children over 12 years.

General Remarks.

To summarise the results of the past 5 years in the activities of the School Medical Service, Tables 7 and 8 have been prepared. These tables show, as has been stated from year to year, that with regard to defects dependent to a considerable extent on conditions governing daily life (or habit of life), *e.g.*, obsolete housing, lack of sufficient fresh air, insufficiency of water, food of doubtful nutritive value, the result is "no change." Such conditions are Malnutrition, Unhealthy Ears, Noses and Throats with their associated glands.

On the other hand, conditions which can be more effectually modified by means of practical Clinic work—such as defective teeth, contagious skin affections, *e.g.*, Impetigo, Scabies, Ringworm—show a gradual improvement.

With regard to the capacity of the School population to resist an attack of Smallpox, the position is distinctly disquieting. The introduction of exemption from the obligation to submit to vaccination—a privilege which is now shamelessly abused—is resulting in a rapid loss of a virtually national immunity which has taken two generations to build up. Only 15 out of every 100 children in the Borough are now protected against the inroads of Smallpox.

Abnormal Children. There are about 300 children differing from the normal in some respect, but attending the ordinary Elementary Schools—about 1 in every 20 children—who impede the normal progress of their classes, both educationally and from the grant-earning point of view. For these, the Open-Air School, the Special Class, or the Special School are required. It is a matter of experience that the physically backward child who gives a 30 per cent. attendance at an ordinary class will give a 90 per cent. attendance at an Open-Air School.

School Buildings and Accommodation. Some of the older Schools in the Borough have long been recognised to fail in many of the essentials of School Hygiene as now understood.

Classes of unwieldy numbers, and two or more classes in one room not originally constituted for School purposes, cause a condition of nervous tension in both teaching staff and scholar. Noises and distractions result in a tendency to "wander." Greater

disciplinary constraint is required without any gain in educational result.

New proposals regarding Elementary School provision which are now engaging your attention will be affected by revised standards in this respect. Classrooms will not be approved which propose to seat more than 50 scholars, on a basis of 10 square feet of floor space per child (for infants 9 square feet). For children 11 years old or more, the majority of classrooms may not be planned for more than 40 places.

In view of the proposals for structural alteration which are at present before you, criticisms regarding defective School Hygiene have purposely been withheld.

Treatment Charges. The scheme of charges for Clinic treatment based on a scale of income and approved by the Board of Education has now been in operation for two years.

Experience has shown that the chief branch of Clinic work to suffer from the imposition of a charge has been that for the care of teeth. The mere mention of a charge has been in some cases sufficient to cause the rest of the conditions to be left unread, and the Clinic notice to be neglected, although further reading might have shown that a contribution was not expected.

The scale approved was as follows :—

Conditions as to Free Treatment and Payments. Treatment at the Clinics is provided FREE for families where the weekly income from all sources is below the following figures :—

	No. of Children under 16 years.						
	1	2	3	4	5	6	7
Where both Parents or Guardians are alive	£1 10s	£2	£2 10s	£3	£3 10s	£4	£4 10s
Where one Parent or Guardian is alive	£1 5s	£1 15s	£2 5s	£2 15s	£3 5s	£3 15s	£4 5s

For families where the total weekly income is above these amounts, the following CHARGES per child are made, PAYABLE IN ADVANCE.

1. *Minor Ailments.* Free for first fortnight. Thereafter 1/- for three months' treatment.
2. *Provision of Spectacles.* Half cost of spectacles.
3. *Dental Treatment.* Sixpence per attendance, or 1/- for two or more necessary attendances.

4. *Tonsils and Adenoid Treatment.* Tonsils alone 5 -. Combined treatment, 7¹/₆.

5. *X-Ray Treatment of Ringworm.* 5 -.

The amount received in reduction of the gross cost of the School Medical Service during the years 1924 and 1925 has been :—

		1924			1925		
		£	s.	d.	£	s.	d.
Minor Ailments	...	0	1	0	0	0	0
Dental Treatment	...	8	12	0	13	3	0
Provision of Spectacles	...	19	9	6	17	14	6
Nose and Throat Treatment		5	2	6	2	10	0
X-Ray Treatment of Ringworm		0	5	0	0	5	0
		<hr/> £33 10 0 <hr/>			<hr/> £33 12 6 <hr/>		

List of Tables.

1. Number of Children Inspected.
2. A.—Return of Defects found by Medical Inspection.
B.—Number of Individual Children found to require Treatment.
3. Numerical Return of Exceptional Children.
4. Group 1.—Minor Ailments.
Group 2.—Defective Vision and Squint.
Group 3.—Defects of Nose and Throat.
Group 4.—Dental Defects.
Group 5.—Uncleanliness and Verminous Conditions.
5. Record of Work at Minor Ailment Treatment Centres.
6. Statistics of Attendance, etc.
7. School Medical Service, 1921—1925. Inspection, Treatment and Following-up.
8. Minor Ailment Clinics, 1921—1925.

Table I.
Return of Medical Inspections.

A. Routine Medical Inspections.

Number of Code Group Inspections

Entrants	...	...	598
Intermediates	...	...	505
Leavers	...	...	557
Total	...	...	1660

Number of other Routine Inspections

... *Nil*

B. Other Inspections.

Number of Special Inspections	...	3856
Number of Re-inspections	...	10035
Total	...	13891

Table I.
Return of Medical Inspections.
A. Routine Medical Inspections.

Number of Code Group Inspections		
252	...	Infants
205	...	Children
227	...	Adolescents
1680	..	Total

Number of other Routine Inspections		
74	..	Total
B. Other Inspections.		
250	...	Number of Special Inspections
10075	...	Number of Re-inspections
13591	...	Total

TABLE II.

A. Return of Defects Found by Medical Inspection in the Year ended 31st December, 1925.

DEFECT OR DISEASE.					Routine Inspections		Special Inspections	
					No. of Defects		No. of Defects	
					Requir- ing treat- ment.	Requiring to be kept under observation but <i>not</i> re- quiring treatment.	Requir- ing treat- ment.	Requiring to be kept under observation, but <i>not</i> re- quiring treatment.
SKIN	Malnutrition	...	...	...	41	—	—	—
	Uncleanliness:	...	...	...	—	—	—	—
	(See Table IV., Group V.)				—	—	—	—
	Ringworm:	...	...	...	—	—	—	—
	Scalp	...	...	...	—	—	20	—
	Body	...	...	...	—	—	34	—
	Scabies	...	...	...	—	—	13	—
EYE	Impetigo	...	...	...	—	—	123	—
	Other Diseases (Non-Tuberculous)	...	...	...	4	—	956	—
	Blepharitis	...	...	...	16	—	83	—
	Conjunctivitis	...	...	...	2	—	36	—
	Keratitis	...	...	...	—	—	2	—
	Corneal Opacities	...	...	...	—	—	2	—
	Defective Vision (excluding Squint)	...	...	...	157	—	84	—
EAR	Squint	...	...	...	7	—	1	—
	Other Conditions	...	...	...	4	—	15	—
	Defective Hearing	...	...	...	2	—	6	—
	Otitis Media	...	...	...	10	—	66	—
	Other Ear Diseases	...	...	...	1	—	5	—
	Enlarged Tonsils only	...	...	...	343	—	29	—
	Adenoids only	...	...	...	14	—	9	—
NOSE AND THROAT	Enlarged Tonsils and Adenoids	...	...	...	14	—	33	—
	Other Conditions	...	...	...	5	—	229	—
	Enlarged Cervical Glands (Non-Tuberculous)	...	...	...	141	—	83	—
	Defective Speech	...	...	...	3	—	—	—
	Teeth—Dental Diseases	...	...	...	280	709	175	—
	(See Table IV., Group IV.)							
HEART AND CIRCULA- TION	Heart Disease:	...	...	...	—	—	—	—
	Organic	...	...	...	—	5	—	—
	Functional	...	...	...	—	40	—	—
LUNGS	Anæmia	...	...	...	19	—	7	—
	Bronchitis	...	...	...	40	—	56	—
	Other Non-Tuberculous Diseases	...	...	...	—	1	—	—
TUBER- CULOSIS	Pulmonary:	...	...	...	—	—	—	—
	Definite	...	...	...	—	—	—	—
	Suspected	...	...	...	11	—	24	—
	Non-Pulmonary:	...	...	...	—	—	—	—
	Glands	...	...	...	—	—	—	—
	Spine	...	...	...	1	—	—	—
	Hip	...	...	...	—	—	1	—
NERVOUS SYSTEM	Other Bones and Joints	...	...	...	—	—	—	—
	Skin	...	...	...	—	—	—	—
	Other Forms	...	...	...	—	—	—	—
	Epilepsy	...	...	...	—	1	—	2
DEFORM- ITIES	Chorea	...	...	...	1	—	2	—
	Other Conditions	...	...	...	—	9	—	—
	Rickets	...	...	...	—	5	—	2
	Spinal Curvature	...	...	...	2	—	—	—
	Other Forms	...	...	...	—	13	—	—
	Other Defects and Diseases	...	...	...	63	8	1435	2

TABLE II.

1925.

[illegible]

TABLE II.

B. Number of INDIVIDUAL CHILDREN Found at ROUTINE Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
CODE GROUPS:—			
Entrants ...	598	295	49.33
Intermediates ...	505	315	62.38
Leavers ...	557	291	52.24
Total (Code Groups) ...	1660	901	54.27
Other Routine Inspections ...	—	—	—

REPORT ON THE MEDICAL INSPECTION OF THE PERSONNEL OF THE U.S. AIR FORCE

PERSONNEL		MEDICAL INSPECTION		RESULTS	
NAME	GRADE	DATE	PLACE	STATUS	REMARKS
1. [Name]	1st Lt.	1950	1st AF	Fit	
2. [Name]	2nd Lt.	1950	2nd AF	Fit	
3. [Name]	3rd Lt.	1950	3rd AF	Fit	
4. [Name]	4th Lt.	1950	4th AF	Fit	
5. [Name]	5th Lt.	1950	5th AF	Fit	
6. [Name]	6th Lt.	1950	6th AF	Fit	
7. [Name]	7th Lt.	1950	7th AF	Fit	
8. [Name]	8th Lt.	1950	8th AF	Fit	
9. [Name]	9th Lt.	1950	9th AF	Fit	
10. [Name]	10th Lt.	1950	10th AF	Fit	
11. [Name]	11th Lt.	1950	11th AF	Fit	
12. [Name]	12th Lt.	1950	12th AF	Fit	
13. [Name]	13th Lt.	1950	13th AF	Fit	
14. [Name]	14th Lt.	1950	14th AF	Fit	
15. [Name]	15th Lt.	1950	15th AF	Fit	
16. [Name]	16th Lt.	1950	16th AF	Fit	
17. [Name]	17th Lt.	1950	17th AF	Fit	
18. [Name]	18th Lt.	1950	18th AF	Fit	
19. [Name]	19th Lt.	1950	19th AF	Fit	
20. [Name]	20th Lt.	1950	20th AF	Fit	
21. [Name]	21st Lt.	1950	21st AF	Fit	
22. [Name]	22nd Lt.	1950	22nd AF	Fit	
23. [Name]	23rd Lt.	1950	23rd AF	Fit	
24. [Name]	24th Lt.	1950	24th AF	Fit	
25. [Name]	25th Lt.	1950	25th AF	Fit	
26. [Name]	26th Lt.	1950	26th AF	Fit	
27. [Name]	27th Lt.	1950	27th AF	Fit	
28. [Name]	28th Lt.	1950	28th AF	Fit	
29. [Name]	29th Lt.	1950	29th AF	Fit	
30. [Name]	30th Lt.	1950	30th AF	Fit	
31. [Name]	31st Lt.	1950	31st AF	Fit	
32. [Name]	32nd Lt.	1950	32nd AF	Fit	
33. [Name]	33rd Lt.	1950	33rd AF	Fit	
34. [Name]	34th Lt.	1950	34th AF	Fit	
35. [Name]	35th Lt.	1950	35th AF	Fit	
36. [Name]	36th Lt.	1950	36th AF	Fit	
37. [Name]	37th Lt.	1950	37th AF	Fit	
38. [Name]	38th Lt.	1950	38th AF	Fit	
39. [Name]	39th Lt.	1950	39th AF	Fit	
40. [Name]	40th Lt.	1950	40th AF	Fit	
41. [Name]	41st Lt.	1950	41st AF	Fit	
42. [Name]	42nd Lt.	1950	42nd AF	Fit	
43. [Name]	43rd Lt.	1950	43rd AF	Fit	
44. [Name]	44th Lt.	1950	44th AF	Fit	
45. [Name]	45th Lt.	1950	45th AF	Fit	
46. [Name]	46th Lt.	1950	46th AF	Fit	
47. [Name]	47th Lt.	1950	47th AF	Fit	
48. [Name]	48th Lt.	1950	48th AF	Fit	
49. [Name]	49th Lt.	1950	49th AF	Fit	
50. [Name]	50th Lt.	1950	50th AF	Fit	
51. [Name]	51st Lt.	1950	51st AF	Fit	
52. [Name]	52nd Lt.	1950	52nd AF	Fit	
53. [Name]	53rd Lt.	1950	53rd AF	Fit	
54. [Name]	54th Lt.	1950	54th AF	Fit	
55. [Name]	55th Lt.	1950	55th AF	Fit	
56. [Name]	56th Lt.	1950	56th AF	Fit	
57. [Name]	57th Lt.	1950	57th AF	Fit	
58. [Name]	58th Lt.	1950	58th AF	Fit	
59. [Name]	59th Lt.	1950	59th AF	Fit	
60. [Name]	60th Lt.	1950	60th AF	Fit	
61. [Name]	61st Lt.	1950	61st AF	Fit	
62. [Name]	62nd Lt.	1950	62nd AF	Fit	
63. [Name]	63rd Lt.	1950	63rd AF	Fit	
64. [Name]	64th Lt.	1950	64th AF	Fit	
65. [Name]	65th Lt.	1950	65th AF	Fit	
66. [Name]	66th Lt.	1950	66th AF	Fit	
67. [Name]	67th Lt.	1950	67th AF	Fit	
68. [Name]	68th Lt.	1950	68th AF	Fit	
69. [Name]	69th Lt.	1950	69th AF	Fit	
70. [Name]	70th Lt.	1950	70th AF	Fit	
71. [Name]	71st Lt.	1950	71st AF	Fit	
72. [Name]	72nd Lt.	1950	72nd AF	Fit	
73. [Name]	73rd Lt.	1950	73rd AF	Fit	
74. [Name]	74th Lt.	1950	74th AF	Fit	
75. [Name]	75th Lt.	1950	75th AF	Fit	
76. [Name]	76th Lt.	1950	76th AF	Fit	
77. [Name]	77th Lt.	1950	77th AF	Fit	
78. [Name]	78th Lt.	1950	78th AF	Fit	
79. [Name]	79th Lt.	1950	79th AF	Fit	
80. [Name]	80th Lt.	1950	80th AF	Fit	
81. [Name]	81st Lt.	1950	81st AF	Fit	
82. [Name]	82nd Lt.	1950	82nd AF	Fit	
83. [Name]	83rd Lt.	1950	83rd AF	Fit	
84. [Name]	84th Lt.	1950	84th AF	Fit	
85. [Name]	85th Lt.	1950	85th AF	Fit	
86. [Name]	86th Lt.	1950	86th AF	Fit	
87. [Name]	87th Lt.	1950	87th AF	Fit	
88. [Name]	88th Lt.	1950	88th AF	Fit	
89. [Name]	89th Lt.	1950	89th AF	Fit	
90. [Name]	90th Lt.	1950	90th AF	Fit	
91. [Name]	91st Lt.	1950	91st AF	Fit	
92. [Name]	92nd Lt.	1950	92nd AF	Fit	
93. [Name]	93rd Lt.	1950	93rd AF	Fit	
94. [Name]	94th Lt.	1950	94th AF	Fit	
95. [Name]	95th Lt.	1950	95th AF	Fit	
96. [Name]	96th Lt.	1950	96th AF	Fit	
97. [Name]	97th Lt.	1950	97th AF	Fit	
98. [Name]	98th Lt.	1950	98th AF	Fit	
99. [Name]	99th Lt.	1950	99th AF	Fit	
100. [Name]	100th Lt.	1950	100th AF	Fit	

TABLE III.
Return of all Exceptional Children in the Area.

	—	—	Boys	Girls	Total
BLIND (including partially blind)	1	Suitable for training in a School or Class for the totally blind	— — — 1	2 2 — —	2 2 — 1
	2	Suitable for training in a School or Class for the partially blind,	— — — 1	— — — —	— — — 1
DEAF (including deaf and dumb, and partially deaf)	1	Suitable for training in a School or Class for the totally deaf, or deaf and dumb.	1 — — 1	— — — —	1 — — 1
	2	Suitable for training in a School or Class for the partially Deaf.	— 1 — —	— 3 — —	— 4 — —
MENTALLY DEFECTIVE		Feebleminded (cases not notifiable to the Local Control Authority).	— 14 1 7	— 22 — 2	— 36 1 9
		Notified to the Local Control Authority during the year.	— — —	— — —	— — —
EPILEPTICS		Suffering from severe epilepsy.	1 — — 2	— — — 1	1 — — 3
		Suffering from epilepsy which is not severe.	2 1	— 2	2 3
PHYSICALLY DEFECTIVE		Infectious pulmonary and glandular tuberculosis	— — —	— — —	— — —
		Non-infectious but active pulmonary and glandular tuberculosis	— — — — — —	— — — — — —	— — — — — —
		Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	— — 79 — —	— — 72 — —	— — 151 — —
		Active non-pulmonary tuberculosis.	— — — —	— — — —	— — — —
		Crippled children (other than those with active tuberculous disease) e.g. children suffering from paralysis, &c. and including those with severe heart disease.	— — — 4 — 2	— — — 4 — 2	— — — 8 — 4

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TABLE IV.

Return of Defects Treated During the Year Ended 31st December, 1925.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise. (3)	Total. (4)
SKIN :—			
Ringworm-Scalp ...	20	—	20
Ringworm-Body ...	34	—	34
Scabies ...	13	—	13
Impetigo ...	123	—	123
Other Skin disease... ..	165	—	165
MINOR EYE DEFECTS	138	—	138
(External and other, but excluding cases falling in Group II.)	—	—	—
MINOR EAR DEFECTS	77	—	77
MISCELLANEOUS	1679	—	1679
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total ...	2249	—	2249

GROUP II.—DEFECTIVE VISION and SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with		
	Under the Authority's Scheme (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme (3)	Otherwise. (4)
Errors of Refraction (including Squint)	351	—	—
Other Defect or Disease of the Eyes ...	30	—	—
(excluding those recorded in Group I.)			
Total ...	381	—	—
			381

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... 183

(b) Otherwise ... —

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme ... 140

(b) Otherwise ... —

GROUP III.—TREATMENT OF DEFECTS OF NOSE & THROAT.

Number of Defects.			
Received Operative Treatment.		Received other forms of Treatment	
Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme (2)	Total. (3)	Total number treated (5)
49	—	49	71
			120

THE UNIVERSITY OF CHICAGO PRESS

Subject	Method	Result	Remarks
1. 100	100	100	100
2. 100	100	100	100
3. 100	100	100	100
4. 100	100	100	100
5. 100	100	100	100
6. 100	100	100	100
7. 100	100	100	100
8. 100	100	100	100
9. 100	100	100	100
10. 100	100	100	100

СВОБОДЪ И УНИОВЪ ИГЛАНАТА (excluding single business for which see Group A.)

КРЕВЛЕНА ЛУБЛ.

Journal of Delecto. Revised During the Year Ending 31st December, 1932

1871

TABLE V.

Record of Work at Poole and Branksome Minor Ailment Treatment Centres.

Defect or Disease		POOLE		BRANKSOME		TOTAL	
		No. of Children	No. of Consultations	No. of Children	No. of Consultations	No. of Children	No. of Consultations
SKIN	Malnutrition ...	—	—	—	—	—	—
	Uncleanliness: Head ...	76	246	49	192	125	438
	Body ...	10	44	5	7	15	51
	Ringworm: Head ...	15	70	5	17	20	87
	Body ...	24	97	10	20	34	117
	Scabies ...	2	10	11	33	13	43
	Impetigo ...	62	519	61	285	123	804
	Septic Sores ...	206	1840	194	1028	400	2868
	Injuries ...	211	1299	180	739	391	2038
	Other Skin Diseases (non-Tubercular)	97	576	68	229	165	805
EYES	Blepharitis ...	32	229	51	144	83	373
	Conjunctivitis ...	22	133	14	21	36	154
	Keratitis ...	1	1	1	3	2	4
	Corneal Ulcer ...	2	15	—	—	2	15
	Defective Vision ...	47	77	37	65	84	142
	Squint ...	1	3	—	—	1	3
	Other Eye Conditions ...	5	11	10	23	15	34
	Cerumen ...	4	5	2	4	6	9
	Otitis Media ...	24	109	42	71	66	180
	Other Ear Diseases ...	1	4	4	36	5	40
NOSE & THROAT	Enlarged Tonsils only ...	8	41	21	62	29	103
	Adenoids ...	5	13	4	9	9	22
	Enlarged Tonsils and Adenoids ...	16	18	17	28	33	46
	Sore Throat ...	118	427	111	294	229	721
	Swabs taken in Clinics ...	—	195	—	106	—	301
	Adenitis ...	32	145	51	105	83	250
	Defective Teeth ...	98	139	77	93	175	232
	Defective Speech ...	—	—	—	—	—	—
	Heart Disease: Organic ...	—	—	—	—	—	—
	Functional ...	—	—	—	—	—	—
HEART & CIRCULATION	Anaemia ...	3	4	4	9	7	13
	Bronchitis ...	17	61	39	63	56	124
	Pretuberculosis ...	11	22	13	33	24	55
	Tuberculosis: Lungs ...	—	—	—	—	—	—
TUBERCULOSIS	Glands ...	—	—	—	—	—	—
	Spine ...	—	—	—	—	—	—
	Hip ...	—	—	1	1	1	1
	Other Bones and Joints ...	—	—	—	—	—	—
NERVOUS SYSTEM	Skin ...	—	—	—	—	—	—
	Other Forms ...	—	—	—	—	—	—
	Epilepsy ...	1	1	1	1	2	2
	Chorea ...	2	3	—	—	2	3
DEFORMITIES	Other Disease ...	—	—	—	—	—	—
	Rickets ...	1	2	1	2	2	4
	Spinal Curvature ...	—	—	—	—	—	—
	Other Forms ...	—	—	—	—	—	—
	Common Infectious Diseases ...	271	815	599	1789	870	2604
	Mentally Defective Children ...	1	6	1	1	2	7
	Enlarged Thyroid Gland ...	1	4	10	31	11	35
	Advice and Various ...	264	1129	301	1165	565	2294
	Total ...	1691	8313	1995	6709	3686	15022

TABLE VI.
Statistics of Attendance, etc.

School.		Accom- modation	Average Attendance	No. on Register at end of year
Hamworthy	Mixed Department	401	261	333
St. James	Girls' " ...	243	223	253
	Infants' " ...	120	121	141
St. Mary's R.C.	Mixed " ...	101	91	109
St. Paul's	Infants' " ...	190	104	129
National	Boys' " ...	283	218	229
South Road	Boys' " ...	290	271	295
"	Girls' " ...	290	299	301
Lagland Street	Infants' " ...	249	200	254
Lougfleet	Boys' " ...	240	161	170
"	Girls' " ...	153	142	140
"	Infants' " ...	170	137	176
Oakdale	Mixed " ...	230	216	256
St. Peter's	Boys' " ...	213	137	146
"	Girls' " ...	149	142	154
"	Infants' " ...	140	108	130
Branksome Heath	Boys' " ...	230	212	228
"	Girls' " ...	258	213	262
"	Infants' " ...	190	156	223
Courthill	Mixed " ...	400	362	369
"	Infants' " ...	250	144	184
Martin Road	Mixed " ...	320	252	313
Heatherlands	Boys' " ...	312	274	301
"	Girls' " ...	300	268	279
"	Infants' " ...	300	214	263
St. Aldhelm's	Boys' " ...	232	212	222
"	Girls' " ...	201	190	203
"	Infants' " ...	218	102	135

TABLE VI.
Statistics of Attendance, etc.

Year	Attendance	Average Attendance	Account of Attendance	Remarks
1885	100	100	100	Infants
1886	100	100	100	Girls
1887	100	100	100	Boys
1888	100	100	100	Infants
1889	100	100	100	Girls
1890	100	100	100	Boys
1891	100	100	100	Infants
1892	100	100	100	Girls
1893	100	100	100	Boys
1894	100	100	100	Infants
1895	100	100	100	Girls
1896	100	100	100	Boys
1897	100	100	100	Infants
1898	100	100	100	Girls
1899	100	100	100	Boys
1900	100	100	100	Infants
1901	100	100	100	Girls
1902	100	100	100	Boys
1903	100	100	100	Infants
1904	100	100	100	Girls
1905	100	100	100	Boys
1906	100	100	100	Infants
1907	100	100	100	Girls
1908	100	100	100	Boys
1909	100	100	100	Infants
1910	100	100	100	Girls
1911	100	100	100	Boys
1912	100	100	100	Infants
1913	100	100	100	Girls
1914	100	100	100	Boys
1915	100	100	100	Infants
1916	100	100	100	Girls
1917	100	100	100	Boys
1918	100	100	100	Infants
1919	100	100	100	Girls
1920	100	100	100	Boys
1921	100	100	100	Infants
1922	100	100	100	Girls
1923	100	100	100	Boys
1924	100	100	100	Infants
1925	100	100	100	Girls
1926	100	100	100	Boys
1927	100	100	100	Infants
1928	100	100	100	Girls
1929	100	100	100	Boys
1930	100	100	100	Infants
1931	100	100	100	Girls
1932	100	100	100	Boys
1933	100	100	100	Infants
1934	100	100	100	Girls
1935	100	100	100	Boys
1936	100	100	100	Infants
1937	100	100	100	Girls
1938	100	100	100	Boys
1939	100	100	100	Infants
1940	100	100	100	Girls
1941	100	100	100	Boys
1942	100	100	100	Infants
1943	100	100	100	Girls
1944	100	100	100	Boys
1945	100	100	100	Infants
1946	100	100	100	Girls
1947	100	100	100	Boys
1948	100	100	100	Infants
1949	100	100	100	Girls
1950	100	100	100	Boys
1951	100	100	100	Infants
1952	100	100	100	Girls
1953	100	100	100	Boys
1954	100	100	100	Infants
1955	100	100	100	Girls
1956	100	100	100	Boys
1957	100	100	100	Infants
1958	100	100	100	Girls
1959	100	100	100	Boys
1960	100	100	100	Infants
1961	100	100	100	Girls
1962	100	100	100	Boys
1963	100	100	100	Infants
1964	100	100	100	Girls
1965	100	100	100	Boys
1966	100	100	100	Infants
1967	100	100	100	Girls
1968	100	100	100	Boys
1969	100	100	100	Infants
1970	100	100	100	Girls
1971	100	100	100	Boys
1972	100	100	100	Infants
1973	100	100	100	Girls
1974	100	100	100	Boys
1975	100	100	100	Infants
1976	100	100	100	Girls
1977	100	100	100	Boys
1978	100	100	100	Infants
1979	100	100	100	Girls
1980	100	100	100	Boys
1981	100	100	100	Infants
1982	100	100	100	Girls
1983	100	100	100	Boys
1984	100	100	100	Infants
1985	100	100	100	Girls
1986	100	100	100	Boys
1987	100	100	100	Infants
1988	100	100	100	Girls
1989	100	100	100	Boys
1990	100	100	100	Infants
1991	100	100	100	Girls
1992	100	100	100	Boys
1993	100	100	100	Infants
1994	100	100	100	Girls
1995	100	100	100	Boys
1996	100	100	100	Infants
1997	100	100	100	Girls
1998	100	100	100	Boys
1999	100	100	100	Infants
2000	100	100	100	Girls

TABLE VII.
School Medical Service, 1921—1925.
Inspection, Treatment and Following-up.

	Total Elementary School Children	Percentage Attendance	Medically Inspected	Percentage found to require treatment (other than Dental Diseases or Uncleanliness)	Found to require Throat or Nose Treatment	Received Operative Treatment	Found for the first time to have Defective Vision or Squint	Found to require Spectacles or New Glasses	Provided with Spectacles	Dentally Inspected	Found to require Treatment	Received Dental Treatment	Malnutrition	Uncleanliness	Ringworm	Scabies	Impetigo	Minor Skin Defects	Intermittent Otorrhoea	Enlarged Neck Glands.	Organic Heart Disease	Functional Heart Disease	Bronchitic	"Pretubercular"	Percentage with 4 teeth or more defective	Percentage unvaccinated	Percentage Attendance of Parents	School Nurses' Rapid Inspections	Children passed to Clinic	Nurses' Home Visits
1921	6167	89.9	1454	47.5	345	280	164	240	188	3446	2422	1905	41	340	3	7	13	23	32	122	16	13	38	28	20.0	77.3	23.7	470	1081	338
1922	6138	88.1	1634	55.14	366	57	128	201	117	3649	2308	1456	44	393	7	2	6	22	25	150	27	13	43	15	20.2	75.9	35.0	420	572	384
1923	6217	91.0	1357	58.73	259	60	181	180	130	1515	1199	966	35	226	1	—	5	11	18	166	12	21	47	16	19.1	81.0	41.0	298	647	155
1924	6116	89.6	1650	54.97	375	50	190	230	146	3354	2276	637	37	256	—	—	—	5	10	157	5	18	35	19	22.2	80.4	41.2	314	572	284
1925	6200	86.9	1660	54.27	371	49	164	183	140	4782	3248	1514	41	162	—	—	—	4	15	141	5	40	40	11	16.9	84.4	44.2	295	475	1024

1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889	1888	1887	1886	1885	1884	1883	1882	1881	1880	1879	1878	1877	1876	1875	1874	1873	1872	1871	1870	1869	1868	1867	1866	1865	1864	1863	1862	1861	1860	1859	1858	1857	1856	1855	1854	1853	1852	1851	1850	1849	1848	1847	1846	1845	1844	1843	1842	1841	1840	1839	1838	1837	1836	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816	1815	1814	1813	1812	1811	1810	1809	1808	1807	1806	1805	1804	1803	1802	1801	1800	1799	1798	1797	1796	1795	1794	1793	1792	1791	1790	1789	1788	1787	1786	1785	1784	1783	1782	1781	1780	1779	1778	1777	1776	1775	1774	1773	1772	1771	1770	1769	1768	1767	1766	1765	1764	1763	1762	1761	1760	1759	1758	1757	1756	1755	1754	1753	1752	1751	1750	1749	1748	1747	1746	1745	1744	1743	1742	1741	1740	1739	1738	1737	1736	1735	1734	1733	1732	1731	1730	1729	1728	1727	1726	1725	1724	1723	1722	1721	1720	1719	1718	1717	1716	1715	1714	1713	1712	1711	1710	1709	1708	1707	1706	1705	1704	1703	1702	1701	1700	1699	1698	1697	1696	1695	1694	1693	1692	1691	1690	1689	1688	1687	1686	1685	1684	1683	1682	1681	1680	1679	1678	1677	1676	1675	1674	1673	1672	1671	1670	1669	1668	1667	1666	1665	1664	1663	1662	1661	1660	1659	1658	1657	1656	1655	1654	1653	1652	1651	1650	1649	1648	1647	1646	1645	1644	1643	1642	1641	1640	1639	1638	1637	1636	1635	1634	1633	1632	1631	1630	1629	1628	1627	1626	1625	1624	1623	1622	1621	1620	1619	1618	1617	1616	1615	1614	1613	1612	1611	1610	1609	1608	1607	1606	1605	1604	1603	1602	1601	1600	1599	1598	1597	1596	1595	1594	1593	1592	1591	1590	1589	1588	1587	1586	1585	1584	1583	1582	1581	1580	1579	1578	1577	1576	1575	1574	1573	1572	1571	1570	1569	1568	1567	1566	1565	1564	1563	1562	1561	1560	1559	1558	1557	1556	1555	1554	1553	1552	1551	1550	1549	1548	1547	1546	1545	1544	1543	1542	1541	1540	1539	1538	1537	1536	1535	1534	1533	1532	1531	1530	1529	1528	1527	1526	1525	1524	1523	1522	1521	1520	1519	1518	1517	1516	1515	1514	1513	1512	1511	1510	1509	1508	1507	1506	1505	1504	1503	1502	1501	1500	1499	1498	1497	1496	1495	1494	1493	1492	1491	1490	1489	1488	1487	1486	1485	1484	1483	1482	1481	1480	1479	1478	1477	1476	1475	1474	1473	1472	1471	1470	1469	1468	1467	1466	1465	1464	1463	1462	1461	1460	1459	1458	1457	1456	1455	1454	1453	1452	1451	1450	1449	1448	1447	1446	1445	1444	1443	1442	1441	1440	1439	1438	1437	1436	1435	1434	1433	1432	1431	1430	1429	1428	1427	1426	1425	1424	1423	1422	1421	1420	1419	1418	1417	1416	1415	1414	1413	1412	1411	1410	1409	1408	1407	1406	1405	1404	1403	1402	1401	1400	1399	1398	1397	1396	1395	1394	1393	1392	1391	1390	1389	1388	1387	1386	1385	1384	1383	1382	1381	1380	1379	1378	1377	1376	1375	1374	1373	1372	1371	1370	1369	1368	1367	1366	1365	1364	1363	1362	1361	1360	1359	1358	1357	1356	1355	1354	1353	1352	1351	1350	1349	1348	1347	1346	1345	1344	1343	1342	1341	1340	1339	1338	1337	1336	1335	1334	1333	1332	1331	1330	1329	1328	1327	1326	1325	1324	1323	1322	1321	1320	1319	1318	1317	1316	1315	1314	1313	1312	1311	1310	1309	1308	1307	1306	1305	1304	1303	1302	1301	1300	1299	1298	1297	1296	1295	1294	1293	1292	1291	1290	1289	1288	1287	1286	1285	1284	1283	1282	1281	1280	1279	1278	1277	1276	1275	1274	1273	1272	1271	1270	1269	1268	1267	1266	1265	1264	1263	1262	1261	1260	1259	1258	1257	1256	1255	1254	1253	1252	1251	1250	1249	1248	1247	1246	1245	1244	1243	1242	1241	1240	1239	1238	1237	1236	1235	1234	1233	1232	1231	1230	1229	1228	1227	1226	1225	1224	1223	1222	1221	1220	1219	1218	1217	1216	1215	1214	1213	1212	1211	1210	1209	1208	1207	1206	1205	1204	1203	1202	1201	1200	1199	1198	1197	1196	1195	1194	1193	1192	1191	1190	1189	1188	1187	1186	1185	1184	1183	1182	1181	1180	1179	1178	1177	1176	1175	1174	1173	1172	1171	1170	1169	1168	1167	1166	1165	1164	1163	1162	1161	1160	1159	1158	1157	1156	1155	1154	1153	1152	1151	1150	1149	1148	1147	1146	1145	1144	1143	1142	1141	1140	1139	1138	1137	1136	1135	1134	1133	1132	1131	1130	1129	1128	1127	1126	1125	1124	1123	1122	1121	1120	1119	1118	1117	1116	1115	1114	1113	1112	1111	1110	1109	1108	1107	1106	1105	1104	1103	1102	1101	1100	1099	1098	1097	1096	1095	1094	1093	1092	1091	1090	1089	1088	1087	1086	1085	1084	1083	1082	1081	1080	1079	1078	1077	1076	1075	1074	1073	1072	1071	1070	1069	1068	1067	1066	1065	1064	1063	1062	1061	1060	1059	1058	1057	1056	1055	1054	1053	1052	1051	1050	1049	1048	1047	1046	1045	1044	1043	1042	1041	1040	1039	1038	1037	1036	1035	1034	1033	1032	1031	1030	1029	1028	1027	1026	1025	1024	1023	1022	1021	1020	1019	1018	1017	1016	1015	1014	1013	1012	1011	1010	1009	1008	1007	1006	1005	1004	1003	1002	1001	1000	999	998	997	996	995	994	993	992	991	990	989	988	987	986	985	984	983	982	981	980	979	978	977	976	975	974	973	972	971	970	969	968	967	966	965	964	963	962	961	960	959	958	957	956	955	954	953	952	951	950	949	948	947	946	945	944	943	942	941	940	939	938	937	936	935	934	933	932	931	930	929	928	927	926	925	924	923	922	921	920	919	918	917	916	915	914	913	912	911	910	909	908	907	906	905	904	903	902	901	900	899	898	897	896	895	894	893	892	891	890	889	888	887	886	885	884	883	882	881	880	879	878	877	876	875	874	873	872	871	870	869	868	867	866	865	864	863	862	861	860	859	858	857	856	855	854	853	852	851	850	849	848	847	846	845	844	843	842	841	840	839	838	837	836	835	834	833	832	831	830	829	828	827	826	825	824	823	822	821	820	819	818	817	816	815	814	813	812	811	810	809	808	807	806	805	804	803	802	801	800	799	798	797	796	795	794	793	792	791	790	789	788	787	786	785	784	783	782	781	780	779	778	777	776	775	774	773	772	771	770	769	768	767	766	765	764	763	762	761	760	759	758	757	756	755	754	753	752	751	750	749	748	747	746	745	744	743	742	741	740	739	738	737	736	735	734	733	732	731	730	729	728	727	726	725	724	723	722	721	720	719	718	717	716	715	714	713	712	711	710	709	708	707	706	705	704	703	702	701	700	699	698	697	696	695	694	693	692	691	690	689	688	687	686	685	684	683	682	681	680	679	678	677	676	675	674	673	672	671	670	669	668	667	666	665	664	663	662	661	660	659	658	657	656	655	654	653	652	651	650	649	648	647	646	645	644	643	642	641	640	639	638	637	636	635	634	633	632	631	630	629	628	627	626	625	624	623	622	621	620	619	618	617	616	615	614	613	612	611	610	609	608	607	606	605	604	603	602	601	600	599	598	597	596	595	594	593	592	591	590	589	588	587	586	585	584	583	582	581	580	579	578	577	576	575	574	573	572	571	570	569	568	567	566	565	564	563	562	561	560	559	558	557</
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TABLE VIII.
Minor Ailment Clinics, 1921—1925.

		1921	1922	1923	1924	1925
Number of Children Treated.	...	2877	3481	3844	3374	3686
Number of Attendances made	...	8477	12899	16278	13489	15022
Uncleanliness of Head	...	81	91	149	183	125
Ringworm of Scalp	...	61	75	28	20	20
Ringworm of Body	...	57	54	44	32	34
Scabies	...	76	66	40	22	13
Impetigo and Septic Bruises...	...	816	709	839	520	523
External Eye Conditions	...	71	123	168	100	119
Defective Vision	...	88	94	111	97	85
Otorrhoea	...	51	69	72	59	66
Voluntary Attenders for Defective Teeth	...	220	197	215	145	175
Unhealthy Tonsils	...	92	114	119	44	71
Sore Throat	...	247	173	214	201	229
Enlarged Neck Glands	...	40	84	99	83	83
Throat Swabs Taken	...	406	159	117	133	301
Common Infectious Diseases	...	87	335	200	434	870
Injuries	...	167	272	423	387	391
Advice and Various	...	678	620	581	557	565

TABLE VIII
Minor Alliment Clinics, 1921-1925.

Year	1901	1902	1903	1904	1905
Number of Children	100	100	100	100	100
Number of Adults	100	100	100	100	100
Number of Old People	100	100	100	100	100
Number of Young People	100	100	100	100	100
Number of Middle-aged People	100	100	100	100	100
Number of Infants	100	100	100	100	100
Number of Children	100	100	100	100	100
Number of Adults	100	100	100	100	100
Number of Old People	100	100	100	100	100
Number of Young People	100	100	100	100	100
Number of Middle-aged People	100	100	100	100	100
Number of Infants	100	100	100	100	100
Number of Children	100	100	100	100	100
Number of Adults	100	100	100	100	100
Number of Old People	100	100	100	100	100
Number of Young People	100	100	100	100	100
Number of Middle-aged People	100	100	100	100	100
Number of Infants	100	100	100	100	100